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Pedology.

THE ETIOLOGY AND PATHOLOGY OF THE DIARRHEAL DISEASES OF CHILDREN.

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The study of micro-organisms has exposed and buried many ancient fallacies concerning disease; has relegated to oblivion many fancied etiological factors; has rationally and scientifically explained many conditions for a long time clinically recognized as factors, and by its diligent groping for things small and unseen has illumined a few very important causative elements.

In the diseases under consideration these facts are strikingly evident; we know today that micro-organisms play an important part in their production, and that their relation to foods and the changes produced in foods by their presence and growth are of more moment to infants and children than to adults.

In the young child stomachic digestion is of less importance than intestinal digestion, the stomach being more of a receptacle into which the milk is received for coagulation than a digestive organ; the younger the child the less active is the stomach in digestion, the milk being simply coagulated and passed through the pylorus undigested.

Milk is an ideal culture-medium for many forms of bacteria, and thus we find here the most favorable conditions for the growth of such bacteria as may have found entrance into the child's food.

Statistics show that in foundling asylums the greatest frequency is under six months of age, but everywhere else the relative frequency is greater between the ages of six and eighteen months. This difference is explained by the different manner of feeding. Children who are nursed exclusively for the first six months are practically free from these diseases; after the age of six months they are usually fed other food in addition to being nursed, and then their immunity is at an end. In infants who are fed artificially from the beginning these diseases are the rule during the first months of their existence; many of them die dring the first six months of their lives, and the remainder have impressed upon the minds of their caretakers that careful methods in feeding are essential to their well being.

Surroundings have the same influence upon this class of diseases as upon others, e. g., those of the respiratory track. Filth, poor ventilation, imperfect sewerage and unsanitary surroundings predispose to these diseases, but the direct influence is general and constitutional rather than specific. Experimentation and observation demonstrate that the frequency of these diseases in such surroundings is indirectly due to the contamination of food by the absorption of toxic germs from the filth-laden air.

Constitutional vices predispose to these as to other forms of disease. It cannot be said however that there is any special form of constitutional inheritance which favors this disease in preference to others. We must remember that there are "certain infants who are born to die," and the first disorder which gains a foothold is the fatal one.

Dentition has for ages been credited with the onus of being a cause of diarrhea, but the profession today are nearly ready to bury this fallacy. We all admit that difficult dentition is an irritating process and that during this process the child is more open to any form of disease because of the nervous irritability, but the number of cases of diarrhea that are due solely to the eruption of the teeth and cease of their own accord when the teeth pierce the gum are happily very small.

With the knowledge of micro-organisms came the theory that contagion was a factor. In so far as the micro-organisms or their spores become disseminated through the air and find lodgment in foods this must be accepted if we accept the germ theory of their development; it is not the rule, however, for us to find these diseases developing in succession during an epidemic, on the contrary, those subjected to the same influences are apt to develop these diseases simultaneously.

Let us now consider a little more closely the question of feeding. Statistics show that of fatal cases due to diarrheal diseases only about three per cent are among infants who have been exclusively nursed; this alone shows that the manner of feeding must be a potent cause. The chemical composition of cows' milk was one of the causes first assigned for this result, but modern chemistry with all of its exactness has not remedied this fault, though it has taught us how to approximate the normal chemical standard of human milk.

The study of bacteriology has taught us that human milk is sterile and that cow's milk when delivered to the consumer is never sterile; that the prepared foods of the market, while theoretically sterile, are, as a matter of fact, rarely sterile when the package is first opened; what their conditions may be when the package is half consumed depends upon the amount of intelligence with which they are cared for.

The pollution of cow's milk may occur from exposure or the use of dirty utensils at the dairy, in the process of transportation or handling or in the home of the consumer; all of the care on the part of the dairyman and milk man is of no avail if a nurse feeds

the baby with a foul or improperly cleansed bottle and tube.

Over-feeding, irregular feeding, too frequent feeding and the use of improper articles of food all unite in producing chronic infantile indigestion, and this dyspepsia is more important than any other factor as a predisposing cause of diarrhea. Experimentation has shown that a healthy organism has the power to successfully combat micro-organisms when not introduced in too heavy doses; it also shows that progressively with the impairment of the healthy performance of the functions the harmful dose becomes smaller and smaller. The dose of toxic bacteria which a healthy child can safely endure may be fatal for one impaired by indigestion.

The predisposition to diarrheal diseases, then, is furnished by age, enfeebled constitution, inherited dyscrasias, bad hygienic surroundings and a chronic disorder of digestion dependent upon improper feeding.

Their chief exciting cause is the development in their food of bacteria; for this two factors are necessary, viz: a certain degree of temperature and the practice of artificial feeding. These diseases begin to prevail when the average temperature reaches sixty degrees F.; at seasons when the average temperature is lower than sixty degrees their prevalence is no greater than in winter. They are most frequent and severe when there are present other conditions beside temperature favoring bacterial growth, viz: crowded tenement houses, filth and lack of cleanliness in the care of food, utensils and bottles.

These diseases are not frequent among children who get their food free from germs as nurslings; they are not frequent among children in the country who are fed upon fresh milk; they are not frequent among city children in the winter. They are frequent among children artifically fed; for the majority of these children cow's milk forms the greater part of their food; cow's milk is a good culture-medium for bacteria; under the ordinary methods of handling bacteria finds ready access to milk; milk is often allowed to remain for hours at a temperature which favors bacterial growth; the stomach of a child with impaired digestion also favors bacterial growth.

Clinically we recognize a set of symptoms which in the light of our present knowledge admits of no explanation other than that they are of toxic origin from the absorption of ptomaines, the result of bacterial growth. It has been established that certain bacteria are capable of producing lesions in the intestinal tract, resembling those present after inflammatory diarrheas; the ability of certain ptomaines to develop diarrheas with intestinal lesions has also been proven by repeated trials.

That bacteria play an important part in the development of the diarrheal diseases in children the arguments here presented would seem to leave no doubt.

In considering the pathological anatomy of these diseases it is necessary to remember something of the structure of the intestinal tract. The outer layer is serous, a reflection of the peritoneum; below this is the muscular coat with its two layers of fibres, the longitudinal and the circular; next to this is the submucous coat which is made up of connective tissue and a net-work of blood and lymph capillaries; between this and the inner layer or mucosa is another thin layer of muscle tissue, the muscularis mucosa, giving off many fine muscle processes which run between the tubular glands toward the surface of the mucosa and in the small intestine some enter the villi.

The mucosa proper is made up of tubular glands or follicles of Lieberkühn, which are lined with epithelium, while between the follicles is a reticular formation of lymphoid tissue; scattered through this tissue are aggregations of lymphoid cells forming lymph nodules or solitary glands; these are situated partly in the mucosa and partly in the sub-mucous tissue. Peyer's patches are simply an aggregation of these lymph follicles. In some parts of the small intestine these lymph follicles are covered only by the epithelium.

In diarrheal diseases the source of irritation is on the inside surface of the intestine, and the lesion starts in the epithelium and extends more or less deeply into the mucosa and submucosa, being limited in its progress largely by the length of time during which the irritation continues. The changes which occur here do not differ from those which are observed in other mucous membranes, except for the lesions which are due to the lymphoid tissue in which this membrane is especially rich.

Post-mortem study has led to the following classification as best indicating the anatomical lesions which are present:

1. Acute desquamative catarrh.
2. Acute catarrhal inflammation.
3. Acute inflammation of the lymph nodules with follicular ulceration.
4. Chronic inflammation.

This classification does not coincide with the ordinary clinical divisions nor does it take into account the different symptoms which are developed when the inflammatory action is located in the small or large intestine.

1. The acute desquamative catarrh includes the cases of dyspeptic catarrh which have run a rapid course, and cases of cholera infantum when the disease is always limited to a few days.

Desquamation of the superficial epithelium is a pretty constant condition of the acute diarrheal diseases, but the character of the lesion does not at all explain the severity of symptoms present nor the high rate of mortality, but if we look back to the etiological factors and remember that these cases are due to the ingestion of poisons, often virulent, that their development has been favored while passing through the stomach, and bear in mind that this loss of the epithelium robs the mucous membrane of its power of selection in the process of absorption, and when extensive induces a reversed action—a pouring out from the blood and lymph capillaries of a constant stream of serum—we can better understand their full import.

2. Acute catarrhal inflammation.

These cases are distinguished clinically from the former class mainly by their longer duration, lasting, on the average, about one week, and being accompanied by a continuously elevated temperature. A large proportion of these cases recover.

The lesion is rarely limited to either the large or small intestine; the lower part of the ilium and the upper part of the colon are the parts most frequently involved.

Congestion, not only of the mucosa, but of the underlying coats, is a constant feature, desquamation of the epithelium has occurred, and the mucous membrane is usually found coated with a tough, stringy layer of mucous. The mucous membrane is swollen and edematous, the lymph follicles are injected, and the villi also are edematous.

If this condition lasts long the lymph follicles break down and ulcerate and the third form is produced.

3. Inflammation of the lymph-nodules with ulceration. Clinically these cases run a slow course; they are never found in cases which have lasted less than a week and not commonly before the latter part of the second week. This condition is found at the autopsy in one-third of all the children dying of diarrheal disease. The large proportion of these ulcerations are found in the large intestine, sometimes in the lower part of the ilium, as well, but very rarely in the small intestine alone.

The ulceration begins as a small excavation in the summit of the lymph-nodule, gradually the whole nodule becomes destroyed and then several of these ulcerations may coalesce, the mucosa over them breaking down, leaving a wide excavation with ragged and sloughing edges; at the bottom of these excavations the muscle tissue can be seen; perforation however rarely takes place.

4. Chronic inflammation of the intestine presents itself in two forms:

First, chronic hyperplasia of the lymph-nodules, which may be a primary or secondary condition. This form occurs in children who have suffered for months with chronic indigestion and in those enfeebled by vicious hereditary influences. It is characterized by an enormous increase in the development of the lymph cells; the follicles crowd the tubular glands aside and raise the mucosa over them, thus interfering very materially with intestinal secretion and absorption; when once formed they are very slow in disappearing.

The second form of chronic catarrhal inflammation follows the acute form, while in many of these cases there is only the hyperplasia just described; in others there is a marked change in the mucosa. This consists mainly of a disappearance of large numbers of the tubular glands and vilii, a proliferation of cells in the adenoid tissue and a production of new connective tissue.

HYGIENIC TREATMENT OF SUMMER COMPLAINTS.

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Any consideration of the hygienic treatment must take cognizance of causation. Hygiene considers the phenomena which lead up to disease and provides safeguards. Therapeutics prepares measures in case of sickness; hygiene seeks to prevent the mischief—it goes outside the sphere of drugs.

The causes of summer complaint, from a hygienic standpoint, are not hard to find. Heat of summer is a great cause. In this city, in May, 1894, there died from infantile diarrhea ninety-three infants; during June, one hundred and eighty-nine died from the same cause. In July ten hundred and thirty-eight died, and yet, excepting for a few days in July, the heat was not excessive. Many localities away from the great lakes had a higher temperature without materially increasing the death-rate. I was in the country where the mean heat was much greater than in Chicago and where there were many infants and children, yet I heard of only one sick baby; so there must be other factors, the effect of hot weather being rather indirect than direct. Alleys in the city, especially in the poorer districts, reek with filth which festers in the sun and fills the air with poisonous emanations; damp basements; degenerated food, etc., are causes, so that among the poor and in crowded sections summer complaint is a common visitor. Among the better classes, where children are well housed and clad, summer complaint is almost unknown. I have not seen a half dozen cases this summer, and not one which was serious or intractable. I have investigated two hundred cases at the Lincoln Park Sanitarium, where many children are brought daily. The age ranged from two weeks to three years. One hundred and ten were nurslings, while ninety were fed by hand; really only six were nurslings, as the balance were fed in connection with the breast. The food varied; sausage, potatoes, meats of all kinds, vegetables of all sorts, bread and milk, bread and butter, coffee, beer, and one woman admitted that she frequently gave the baby "pop" out of its nursing bottle. Not one of these babies, before coming to the sanitarium, had had any of the standard infant foods. Most of the mothers were poorly clad; many of them were wan and wasted from overwork and privation. In these two hundred cases nearly every form of diarrhea was represented, and who can fail to see the cause when the kind and quality of their food is known?

The hygienic treatment of summer complaint must begin with food; no matter whether nursling, bottle-fed or hand-fed, there is something to be done in every case, in the matter of food.

One fallacy is that breast milk is the only safe pabulum for an infant—that it is good and wholesome because it is woman's milk.

Another is that because a woman has successfully nursed an infant through the first six months she may do so indefinitely.

The first, the experience of every physician has shown to be wrong.

Number two is harder to deal with, because in opposing it you conflict with the prejudices of both mother and doctor. The former says she is well and "nursing is such a comfort;" the doctor says it is "better to let well enough alone," and "baby foods are all bad, anyway."

The result is not always bad; it does not always result in diarrhea or any other form of summer complaint. More often a child nursed too long drifts into marasmus, or rickets, and the cause is not suspected. No mother, however young and healthy, can properly nurse a baby more than a year, and, if baby's first birthday comes during the summer better start to wean so as to get it finished before the extreme heat comes.

What constitutes good baby food, mother's milk being out of the question? The answer is, cow milk in some form or other. The great trouble with it is with the curd, which coagulates in large masses, in consequence of which it does not digest as readily as the milk of the mother, which coagulates in smaller particles. It is the curd or casein of cows' milk which causes the difficulty. The proper elements entering into an ideal milk food can be adjusted so as to be almost identical with mother's milk, all but the curd; to overcome this and to render cow milk more easily digestible has always been the *bete noir* of the doctors. Some add arrowroot and gelatine; Jacobi recommends gum arabic, which he lauds in high terms. Barley, wheat and oats, either singly or mixed, constitute the baby foods of commerce.

In some, as Nestle's or Horlick's, condensed milk is added at the factory, only water being needed to prepare it for use; to Mellin's Food, milk, fresh or

condensed, is added, in amount to suit the age of the child.

A very good food may be prepared at home, if care is used. I once had a patient who lost her milk through breaking of the breast and gave her an infant food recipe calling for barley-water and milk; she has raised four children on that preparation and I have never been called upon to prescribe for either diarrhea or constipation in any of them.

It is prepared as follows: Take two tablespoonfuls of pearl barley and four teacupfuls of cold water; boil until reduced to two cupfuls, when strain and add a pinch of salt and a small lump of sugar. To this barley water is added sterilized milk in the proportion of one-third milk to two-thirds barley water for young babes, increasing the proportion of the milk with the age of the child.

Frequency of feeding and the quantity of food are both important factors in summer complaint. The breasts of a woman secrete about one pint of milk in twenty-four hours during the first month, gradually increasing to two and one-half or three pints, which is the average capacity of the stomach of an infant. The intervals between feeding should be regulated by the age of the child. Where milk or cream is thrown up or passed from the bowels in shape of curds, meat juice may be tried with better results. Take a pound of round beef, free from fat and have it ground by the butcher; this should be quickly heated through over a quick fire, but not cooked. The juice is then squeezed out. One pound ought to yield two or three ounces of meat juice, which is more nutritious than any of the commercial beef extracts; the odor of the stool when the latter are used should cause them to be stricken from baby's bill of fare. Warm clothing and complete rest are such obvious necessities that their mere mention is sufficient.

Hot water flushing of the colon works wonders in dysentery, relieving the pains, controlling the frequency of the stool, stimulating the muscles, soothing the nerves and ameliorating most of the bad symptoms. The enema should be of plain hot water —as hot as can be borne; more water should be used than if to merely empty the bowel, and it may be repeated as often as is necessary—even a half-dozen times within twenty-four hours.

One of the great dangers of infantile diarrhea is a metastasis to the brain, causing a quasi or reflex meningitis; it may be guarded against in a measure by bathing the head frequently in cold water, or by use of an ice-bag or rubber water cap.

MEDICAL TREATMENT OF SUMMER COMPLAINTS.

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Taking cholera infantum into consideration, it must be borne in mind that it does its work quickly and consequently must be met by remedies which act rapidly. This does not permit of the use of an extensive list of remedies, for what is done must be done at once. A mistake can hardly be rectified, as four or five hours may tell the tale and one error in prescribing is often fatal. I'll give you a few of the "sheet anchors," as follows: *Belladonna, Bismuth, Arsenicum, Laurocerasus, Aethusa* and *Sulphur.*

Sulphur.—When in doubt of the remedy "lead trumps"—that is, give *Sulphur,* particularly when the trouble commences after midnight; stools are green, watery, sour and very offensive; vomiting, with offensive sweat. Fontanelles sunken, eyes half closed, hands and feet cold; suppression of urine; abdomen flabby and not raised above the level of the rest of the body.

Belladonna.—When indicated cerebral symptoms predominate; head hot and extremities cold; stupor, with dilated pupils; parts red and hot or pale and cold; abdomen higher than the rest of the body; starting from sleep. Stools frequent and either greenish or clay-colored, or of slimy mucous.

Bismuth.—A much neglected remedy. Stool offensive, watery and painless; much rumbling in the bowels before stool; after the stool, great exhaustion; blue rings around the eyes. Gagging, vomits only when the stomach is full and then only vomits water. Great thirst. With the prostration the body is warm.

Arsenicum.—Frequently abused. Peculiar thirst, drinking little but often, with extreme restlessness—if these symptoms are absent, this will hardly ever be the remedy indicated. Stools thick, brown or dark green mucous, scanty, corrosive and offensive, smelling like carrion. Aggravation after midnight and after eating or drinking. After the stool, exhaustion with burning in anus and rectum. Much thirst for cold water, which is immediately thrown up. Tossing about, changing position and cries without ceasing.

Croton tig.—Stool yellow, watery or undigested, forcibly expelled and aggravated while eating or drinking. A stool about every time the child nurses, and it comes with force.

Laurocerasus.—Indicated in the more severe forms; fluids roll audibly through stomach and intestines; stool watery, or of mucous, and involuntary. Skin cold and livid, countenance sunken.

Aethusa cynapium.—It has one failing—it hardly ever completes a cure. Throws up milk in great curds almost immediately after nursing; stool, light yellow or greenish, profuse and inodorous. Falls asleep after vomiting then wakes and nurses again.

Chamomilla.—When intestinal symptoms predominate; child cries all the time and wants to be carried; abdomen hot; thirst incessant; redness and heat of one cheek (*Kali c.* and *Sepia,* but due to sepsis). It will seldom complete a cure. *Sulphur* or *Mercurius sol.* will probably be needed.

This much for cholera infantum; as to summer complaint, the list could be extended indefinitely.

Podophyllum corrects abnormal tendencies of the intestinal tract worse in the morning, with large, yellow, watery stool, empty gagging and rolling of the head.

Mercurius sol. and *vivus* have many symptoms in common; the stools are dark green, frothy, or yellow, or bloody, frequent and scanty; generally indicated when acute stage has passed. In the fall, when the days are warm and the nights cold, it may stop the straining, but *Sulphur* may be needed to complete the cure.

Erigeron Can. — (Horse-weed or Bitter-weed.) When the trouble is semi-chronic; stool of slimy character, greenish and excoriating. In the country a tea is made from the young tops of the plant, and this is very effective.

Dr. W. M. Stearns has returned, with his family, to his work in Chicago after a month's absence at Macinac and Les Cheneaux Islands. Dr. Stearns is a member of the Les Cheneaux Club, a family outing association of an even hundred members.

THE DIFFERENTIATION OF REMEDIES IN DIARRHEAL DISEASES OF INFANTS.

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In the MEDICAL CENTURY for August 15, the editor says:

It may be well for careful prescribers to individualize their cases and fit the remedy to each. There are many of us who have difficulty in doing this and we ask our colleagues to help us by telling us just how to go about it, and then give us some illustrative cases and suggestions that will enable us to know whether we are succeeding or not. * * * * But if those who are wont to individualize very closely will but give the readers of this journal a few pages monthly of this kind of individualizing, if they will but tell us what they find most helpful as a rule in this disease or that, and why they have been led to give it, they will sow some Materia Medica seed that will bring forth good fruit.

This paper is not written to instruct our peers, simply to offer a few suggestions. And, first, the careful prescriber can have no rule in any disease. The question is not "what will help this disease or that," or "what is most useful," but what does this sick patient require to restore normal vitality. So long as we prescribe for diarrhea, or any other disease, *per se*, careful individualizing is out of the question.

For one who attempts to carefully individualize each case I can only refer the members of the society to the same source to which I go for instruction in difficult cases—the Organon. Hahnemann says:

In a disease from which no manifest exciting or remaining cause has to be removed, we can perceive nothing but the symptoms; the totality of these symptoms, *the outwardly reflected picture of the internal essence of the disease*, must be the principal or sole means, whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the most appropriate remedy. In a word, the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease.

But he must know the things that derange health and cause disease, and how to remove them.

In the Organon, §§ 83–104 inclusive, are contained minute and implicit directions for "the taking of the case"—the anamnesis—without which no one can ever individualize a case.

§ 83. This individualizing *examination of a case of disease* demands of the physician nothing but freedom from prejudice and sound senses [a requirement not specified in the entrance examinations of the State Board of Health], attention in observing and fidelity in tracing the picture of the disease.

§ 104. When the totality of the symptoms that specially distinguish the case of disease or, in other words, when the picture of the disease, whatever be its kind, is once accurately sketched, the most difficult part of the task is accomplished. The physician has then the picture of the disease, especially if it be a chronic one, always before him to guide him in his treatment and pick out the characteristic symptoms by which to select the remedy.

§ 153. In this search for a Homeopathic specific remedy, that is to say, in this comparison of symptoms of the natural disease with the lists of symptoms of known medicines, in order to find the simillimum, the *more striking, singular, uncommon and peculiar* signs and symptoms of the case of disease are chiefly and almost wholly to be kept in view; for it is *more particularly these to which the very singular ones in the list of symptoms of the selected medicine must correspond.* The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, etc., demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.

These fundamental rules are a few, among many, laid down for our guidance and form the ground work of every Homeopathic prescription based on individualization. They are simple, easy to follow, practical and efficient in result, and chronic cases especially cannot be successfully treated without them. Yet for two thousand and five hundred years not one single physician ever thought of a written anamnesis as the basis of a prescription, or of the only natural method of ascertaining pure and genuine drug effects, viz., testing them on the healthy. The former is as almost absolutely necessary to the successful healing of the sick as the latter. It is by such means only that the Homeopath can individualize, for this is in accord with law.

The summer complaints of children comprise the various diseases of the brain and digestive organs, grouped under the common term of cholera infantum; in fact the prevailing difficulties of the alimentary tract of the first six months, and the troubles of dentition during the dreaded second summer:

In this disease it is very rare to find any remedy the *genus epidemicus*. It usually assumes different peculiarities at the different seasons and in different localities; and there is scarcely an affection of childhood that requires more careful differentiation. In studying these cases, the discharge from the bowels naturally engrosses the attention of the mother or nurse, and unless on his guard the physician may not obtain all the objective and subjective symptoms in making up his case, in obtaining the totality. Hence the first duty of the physician, both for diagnostic and therapeutic purposes, should be to determine whether it is *per se* a disturbance of the brain or the intestinal tract. Whether we have to do with a case of genuine hydrocephaloid or cholera infantum; for the erroneous theory is very prevalent that at a later stage of the disease the cerebral symptoms are developed as one of its steps in its progress. A more careful anamnesis at the first visit would have demonstrated that the cerebral irritation had been present from the onset, but had been overlooked by the attending physician; that it was or had been a case of hydrocephaloid from the commencement of the sickness. Perhaps a brief comparison may be of aid to the beginner:

HYDROCEPHALOID.	CHOLERA INFANTUM.
Head hot and dry.	Head normal or moist.
Pupils dilated.	Pupils normal.
Extremities cold.	Extremities warm.
Drowsiness; stupor.	Irritable; sleepless.
Diarrhea painless.	Diarrhea painful.
Lies quiet; eyes half closed or averted.	Restless; cries; must be constantly carried.
Abdomen, flabby, sunken.	Abdomen, distended, hot.
Urine suppressed.	Urine normal, or darker color.

The seat of the disease, the stage in which it is seen, the name we choose to call it, or the pathological condition, will aid us very little in the selection of the simillimum, for that must be based upon the totality of the symptoms. But the first visit, the first examination of a little patient, *is of vital import*, and can never be too carefully made, nor can the case be too accurately taken. The cure of the patient very often depends upon the first prescription; and the first prescription depends upon a correct anamnesis. In the cases above compared a diagnosis of summer complaint may be made in each; yet one is clearly a case of brain, the other of bowel irritation; the tyro could not fail to select *Sulphur* for the former, and *Chamomilla* for the latter. But often they are not so clear at the bedside as they are on paper. The differentiation is not always so easy.

The prevailing practice of giving remedies in alternation—one for the brain irritation and the other for the diarrhea—is responsible for many failures,

for many so-called providential visitations. This haphazard practice, which substitutes for careful anamnesis a multiplicity of drugs, is a violation of every fundamental principle of the law of similars and can only end in disaster to patient and physician. Each remedy is proven singly on the healthy, not in alternation; hence under the law *some* remedy must meet the totality of symptoms. Two or more entirely different acting remedies, given at the same time, can never fulfill the requirements of law.

Notwithstanding the excellent papers on dietetics which have preceded, I cannot forbear the suggestion that in cholera infantum the proper food should be as carefully individualized as the remedy. It is well to be familiar with the dietetic rules laid down in the text-books; but all such rules, in the very nature of the case, tend to generalization, to routine methods, and both are to be condemned in Homeopathic practice.

Another, and a popular error, propagated and maintained by the dominant school, is that to avoid cholera infantum a child should be nursed during the second summer. This senseless custom of nursing through the second summer, irrespective of age, frequently hastens what we are trying to prevent, and is one cause of the fearful mortality which our brethren have to record. There are nine months of pregnancy; and there should be nine months of lactation. The eruption of the teeth is nature's call for farinaceous food and it should be given when needed, early or late.

Aconite.—Change of weather from extreme heat to cold. Exposure to drafts when heated. Checked perspiration. The child is anxious and restless. Skin dry and abdomen hot. Pulse rapid, full, hard, bounding. Intense thirst with frequent drinking. Face red lying, pale and fainting on rising up. Stool watery, green, like chopped spinach; bloody, slimy, mucous frequent.

Aggravation.—From getting wet, cold summer nights, being overheated, eating fruit.

Relations.—When *Mercurius corr.*, although indicated fails to relieve; followed well by *Dulcamara*. *Sulphur* is the chronic of *Aconite* and will often complete a cure.

Aethusa.—Violent, sudden vomiting immediately after nursing, milk thrown up just as swallowed, or in curds so large as to almost choke the patient.

Vomiting, without nausea, of green mucous; is followed by exhaustion and deep sleep, but nurses again as soon as it wakes.

Spasms; thumbs clenched; eyes staring or turned down, pupils fixed, dilated; foam at mouth, face red, pulse small, hard and quick.

Stool: yellow or green mucous, bloody mucous, undigested, inodorus after, exhaustion, drowsiness, tenesmus.

Aggravation.—During dentition, at night, soon after a meal, in hot weather.

Relations.—Similar to *Antimonium crud.* and *Calcarea,* in vomiting of milk. Adapted to severe type of cholera infantum; case on border land of cerebral irritation may require *Psorinum, Sepia, Sulphur* or some other antipsoric to complete the cure.

Apis.—Stupor, out of which child starts with a loud shrill scream.

Head hot, boring back of head into pillow, tongue dry, shining, rarely any thirst, skin is dry, hands cold and blue, urine suppressed, abdomen excessively sore and tender to pressure. Stool: green, yellow, slimy mucous; bloody mucous; painless, offensive, involuntary, with every motion, as though the anus stood open (*Phos.*), constant oozing of which the patient is unconscious.

Aggravation.—In the morning; from acids; warm room; during dentition.

Relations.—Complementary; *Natrum mur.* Inimical to *Rhus*; should neither precede nor follow it. Similar to *Rumex* in diarrhea.

Apis corresponds to a low type with brain complications often from the onset.

The dry tongue, dry, hot skin, absence of thirst, bruised soreness of abdominal walls, whether distended or sunken, render indications clear.

Arsenicum.—Much abused; more frequently given than indicated; drinks little but often, eats seldom but much; great restlessness, anguish, anxiety, constantly changing place, fear of death, or of being left alone; tongue dry, brown or cracked, violent, unquenchable, burning thirst, frequently drinks, but little at a time. Vomiting: Immediately after eating or drinking. Skin at first hot and dry, later icy cold and covered with cold, clammy sweat; great weakness, faintness, rapid exhaustion, prostration great after even scanty stool. Stool: Watery, dark green mucous; black fluid, or bloody; frequent, scanty, offensive, corrosive.

Aggravation.—After eating or drinking (*Croton tiglium*); after midnight; ice water, ice cream; dentition; rancid food, tainted sausage; fruit, acid.

Amelioration.—By external heat.

Relations.—Complementary; *Phosphorus, Carbo veg.*

The thirst and restlessness are characteristic and should always be present, for the reason that routine is easier than study *Arsenicum* may have done more harm than good; for it is oftener given in acute diseases of the bowels than any other remedy, and when not indicated acts injuriously when given to the sick.

Belladonna.—Child lies in a stupor; starts up suddenly in its sleep; head hot; hands and feet cold; the hotter the head the colder the hands and feet. When awake is angry and violent. Rolling the head from side to side. Face red and flushed or cold and pale. Pupils dilated, eyes half open, distorted. Grinding the teeth, distortion of mouth. Violent throbbing of carotids. Pulse frequent, small, hard or full. Tongue dry, red on edges, or two white stripes on a red base. Drowsiness, with restlessness; muscles twitching during sleep; slightest jar wakes the child. Stool white, fecal, clay-colored, lumps like chalk; thin, green mucous; small, involuntary; dysenteric symptoms.

Aggravation.— In afternoon; after sleep; hot weather; taking cold from cutting the hair.

Relations. — Complementary; *Calcarea,* which is the chronic of *Belladonna.* Useful if turpentine has been used locally. The stupor or sleepiness, with sudden startings, dry heat with thirst and frequent drinking, hot sweat, hot head and cold extremities are guiding.

Bryonia.—Attacks occur in hot weather; when it becomes hot, relieved on cool days (reverse of *Aconitum* and *Dulcamara*). Head hot; frequently puts hands to the head. Rolling head from side to side; boring head into the pillow (*Belladonna, Opium*). Irritable; ill humored; peevish. Thirst for large drinks, at long intervals. Mouth dry, child cannot nurse till moistened. Abdomen hot and sensitive to touch. Does not want to be moved; every motion causes pain in abdomen and discharge from bowels. Tongue white, yellow or brown, dry and red. Bitter taste, bitter mouth, bitter vomiting. Nausea and

fainting on sitting up. Eating or drinking causes pain in bowels. Hasty speeeh and hasty drinking (*Belladonna, Hepar*).

Stool, thin fecal matter; copious, dark green, brown; like dirty water; painless; putrid, like spoiled cheese; undigested food.

Aggravation.—Morning, when weather becomes warmer, lying on either side; motion, even of a hand or foot.

Amelioration.—Desire to lie down and remain perfectly quiet, lying on the back.

Relations.—Complementary, *Aluminum, Rhus. Aluminum* is the chronic of *Bryonia.* After *Bryonia, Aluminum, Arsenicum, Nux, Rhus, Sulphur.* Routine practice frequently gives *Aconite* and *Bryonia* in alteration. To demonstrate that this is always a mistake, should never be done, let us compare them:

Aconite.	*Bryonia.*
When weather changes from extreme heat to cold, hot days relieve.	When weather becomes hot, cool days relieve.
Intense restlessness.	Desire to lie quiet.
Motion relieves, child must be carried.	Motion aggravates, child must lie still.
Worse after fright.	Worse after anger.
Intense thirst, drinks continually.	Intense thirst, large drinks at long intervals.
After *Aconite, Sulphur.*	After *Bryonia, Alumina.*

Calcarea.—The stool is of little consequence, the constitutional symptoms are guiding. Large head, sutures open, fontanelles open and sunken. Head sweats profusely when sleeping, especially on back; wets the pillow far around. Feet constantly cold, damp or wet. Pit of stomach swollen like an inverted saucer. Abdomen distended; emaciation with good appetite. Drowsy and weary all day; sleepless after 2 or 3 A. M. Painful, difficult urination; generally clear, with a strong, pungent, fetid odor (*Benzoic acid*, urine turbid, strong fetid odor.) Stool whitish, clay-like, chalk-like, gray, fecal, watery; teething, diarrhea.

Aggravation.—During dentition; after milk; after eating; from sweets; in summer.

Relations.—Complementary; *Belladonna,* which is its acute remedy. Should not be used before *Nitric acid* or *Sulphur.* Is followed by *Lycopodium* and *Silicia.* Many cases of cholera infantum cannot get well without this antipsoric.

Chamomilla.—Children fretful; crying can be quieted only by being carried about. Peevish, ill-humored; desire many things which are rejected when offered (*Kreasote*), redness of one or both cheeks; tongue and mouth dry, coated white or yellow, gums hot, swollen, cutting or tearing colic, child draws up its knees and bends double (*Colocynthis*), sleep restless, moaning, twitching of muscles. Stool: green, slimy mucous; chopped white and yellow mucous, like chopped eggs and spinach; sour; corrosive, offensive, smelling like rotten eggs.

Aggravation.—During dentition; after taking cold; from anger, chagrin.

Relations.—Complementary; *Belladonna,* which affects brain primarily; *Chamomilla* affects abdominal nerves primarily; followed by *Mercurius vivus, Sulphur,* to complete the cure. Is one of the routine remedies—oftener given than indicated—and not adapted to every case of teething diarrhea. Compare *Cina* and *Kreasote.*

Cinchona.—Rapid emaciation and prostration, great weakness, especially with painless stool; perspiration profuse at night, soon as he sleeps; face bloated, earthy, pale; appetite voracious, worse at night: thirst, drinks often, but little at a time; cutting colic every afternoon; stomach and abdomen distended; borborygmus; relieved by belching. Stool: Profuse, yellow, watery, undigested, frothy, painless, offensive, putrid.

Hydrocephaloid.—Child becomes drowsy, pupils dilated, rapid breathing; nose, chin and tips of ears cold—after a long-lasting attack of cholera infantum (*Podophyllum, Calcarea phosphorica.*)

Aggravation.—At night; from fruit; after loss of fluids; after severe acute disease; after a meal (*Croton tig.*—diarrhea while eating, *Ferrum.*)

Amelioration.—By bending double (*Colocynthis*).

Relations.—Complementary; *Ferrum.* Compare *Carbo veg.*, which it resembles.

Is followed well by *Calcarea phos.* to complete the cure when hydrocephaloid threatens.

Colchicum.—Peevish; easily irritated by light, noise, strong odors, external impressions. Mouth is hot; burning thirst. Profuse salivation; swallowing it causes nausea. Aversion to food on looking at; but especially on smelling of it. The smell of cooking food—fish, eggs, broth or meats caused to faintness. Violent vomiting; easy, without nausea. Burning or icy coldness in stomach and abdomen; every motion excites or renews vomiting; great weakness and prostration. Stool watery; jelly-like mucous; white mucous; diarrheaic stool, painless; dysenteric, very painful; white, shreddy particles.

Aggravation.—Hot, damp weather, hot days and cold nights, autumn, motion.

Relations.—In painless cholera morbus it stands next to *Podophyllum* in frequency of indication, which has more flatus and more gushing stool. Compare *Aloe, Cantharis* and *Kali bichromicum.*

Colocynth.—Pain intense, cutting, griping, squeezing in the intestines, extending to stomach causing nausea or down into the thighs. Caused by vexation, indignation, or grief from ill-treatment. Tongue coated white or yellow, scalded at tip. Abdomen feels empty, sore; abdomen rumbling in; abdomen chills proceeding from.

Stool: Saffron yellow, frothy, liquid, first watery, then mucous, bilious, lastly bloody, like scrapings of intestines, thin, greenish, slimy and undigested.

Aggravation.—Eating or drinking, fruit, during or just after nursing.

Amelioration.—Lying on the abdomen, (*Rhus*) bending double (reverse of *Dioscorea*), pressure (*Belladonna, Plumbum, Podophyllum*).

Relations.—Complementary. *Mercurius corr.* in dysenteric diarrhea. The characteristic pain is the chief indication for *Colocynth.*

Ipecacuanha.—Irritable, impatient, peevish. Ailments from vexation, mortification, with reserved displeasure.

In pale fleshy children, nausea, constant, from the stomach, empty eructations with salivation, pale face. Cold sweat on the forehead (*Veratrum*). Desire for sweets and dainties, loathing of food, no thirst.

Tongue clean, pale face with blue margins about the eyes, vomiting with diarrhea, the former predominates (*Bismuth, Kreasotum*). Vomiting after eating and drinking, bitter, of bile green jelly-like mucous, yellow on grass, green mucous. Griping, pinching about umbilicus as though intestines were grasped with hands.

Stool: grass green mucous, white mucous, watery, fermented, dark, looks like frothy molasses.

Aggravation.—At night, dentition, acids, unripe fruit or vegetables.

Relations.—Complementary; *Cuprum*, followed by *Arsenicum* to complete the cure. The persistent nausea is the most distinctive indication for *Ipecac* and is usually guiding.

Podophyllum.—Headache, alternating with diarrhea, constipation. During dentition, rolling of the head, grinding of the teeth, catarrhal cough, catarrh of bronchi, with mucous rales. Jaundice, sallow skin, urine dark brown. Cramps of feet, calves, thighs; yawning and stretching. Tongue, white, moist, flabby, broad; shows imprint of teeth (*Mercurius*); dry, yellow, pasty. Gagging or empty retching. Vomiting, hot, green bile or frothy mucous; of food. Colic, with retraction of abdominal walls relieved by pressure (*Ipecac, Plumbum, Colocynthis*). Prolapsus ani, before, during and after stool. Suppression of urine (*Apis, Belladonna*). Stool, yellow, green, watery, with a meal-like sediment, chalky, fecal, undigested; profuse, gushing, painless, passes through diaper; offensive like carrion; involuntary, when passing flatus (*Aloe, Natrum mur*); changeable (*Pulsatilla*).

Aggravation.—Morning, hot weather, eating or drinking, while being bathed.

Amelioration.—Bending double, pressure of the hands on abdomen; warmth.

Relations.—Compare *Colchicum* in painless cholera infantum. Similar to *Calcarea* and *Phosphoric acid.*

Psorinum.—When the indicated remedy fails to relieve or permanently improve (*Sulphur*). Utterly hopeless during convalescence. Body always has a filthy smell, even after a bath (*Sulphur*). Skin, dirty, greasy, yellow blotches here and there, as if patient never washed. Bad effects of suppressed eruptions. All excretions, diarrhea, leucorrhœa, menstrual flow, perspiration, have a carrion-like odor. Very sensitive to cold air or change of weather. Sick babies will not sleep day or night, but worry, fret, cry (compare *Jalap*). Feels particularly well day before the attack. Stool, dark brown, watery; black, very offensive like rotten eggs: involuntary.

Aggravation.—During dentition, early morning, after severe acute disease.

Relations.—Compare *Carbo veg., Cinchona.* The very offensive odor and black fluid stool are characteristic and guiding. After severe attack patient does not recover, no appetite, perspires easily, is weak and debilitated.

Sulphur.—The child is peevish, cross, obstinate. Face pale or sallow, covered with cold sweat. Open, and generally sunken fontanelles. Constant thirst, with loss of appetite. Weak and faint at 10 or 11 A. M. Voracious appetite; child grasps everything within its reach and thrusts it into its mouth. Averse to bathing. Offensive odor of body despite frequent bathing (*Psorinum*). Child hot, kicks off the clothes at night. Pale face, stupor, lower jaw drops, eyes half open, cold sweat on face, hands and feet cold first morning of attack, suppression of urine, muscle twitching. Child neither screams nor rolls the head, as in *Apis, Belladonna, Podophyllum,* but prostration more marked. Stool watery, brown, fecal, green, white mucous; corrosive, excoriates about anus; changeable; bloody in streaks; sudden, imperative.

Aggravation.—Early in bed; early morning; begins after midnight; dentition; suppressed eruptions.

Relations. — Complementary. — *Aloe.*

Continual relapses; when indicated remedy fails.

Is followed by *Tuberculinum.*

Veratrum.—Forehead covered with cold perspiration; face and lips pale, cold or blue; hippocratic countenance; tongue white with red tip and edges; yellow, dry or cracked; cold, blue (*Carbo veg.*), violent thirst for large quantities of ice cold water or acid drinks; craves fruits, acids. Vomiting profuse, worse by drinking or every motion, wrinkling of skin of hands and fingers, skin cold, blue, lifeless, remaining in folds when pinched, cramps of the extremities.

Stool: Profuse, watery, greenish, blackish, rice-water, involuntary.

Aggravation.—In hot weather; at night; after fruit.

Relations.—Similar; *Tabaccum, Arsenicum, Podophyllum, Jatropha.* Is followed by *Carbo veg.*

Is very often required but must be carefully selected, for cases marked by great prostration and collapse.

Is rarely indicated in painless cases.

DISCUSSION.

Dr. Bascom (Ottawa, Ill.):—"I came to learn something, rather than to dispense knowledge. Down where I live we expect, in a few years, to be the recipients of all the drainage, sewage and filth of Chicago, and it is only natural that we should desire to keep posted on the diseases arising from such causes. I wish to endorse what has been said by Dr. Tooker in regard to the treatment of these diseases in the country. In over twenty years of practice I have lost scarcely a child from bowel complaint of any sort, where it was being cared for or living upon a farm. The essentials in taking care of a child for the first three years are fresh air, shade, good water and good milk. I have found in dealing with the summer diarrheas of children that each season is apt to bring a new class of cases; from the first of June up to the present time—this year, all of this line of troubles that I have seen, with the exception of a half-dozen, have manifested a diarrheic tendency. Earlier in the season a few did not live long enough to reach that stage. This year I have found that either *Belladonna, Ipecac,* or *Mercurius corr.* is the indicated remedy, and I have not gone outside of these three; last year *Veratrum album* was the epidemic remedy."

Dr. C. A. Church, Passaic, N. J.:—"I have but one or two points in mind, of which I will speak. We are trying an experiment in New Jersey. A number of physicians have united together and have stocked a farm with two hundred very carefully selected cows, which are frequently examined by a skilled veterinarian. They are housed in nice stables which are kept as clean as most parlors, and the animals are as carefully taken care of as most of us. They are washed carefully, twice a day, I think. All droppings are immediately removed. Before milking the udder is washed with water and soap. Their food is carefully prepared for them and is sterilized before they are allowed to touch it. This will give you our idea. The employes are of an intelligent class, so that we can be certain we are getting no tainted milk. The milk, after being drawn is taken to a room which is perfectly aseptic and there put into sterilized bottles and in that way is delivered to the consumer. The results, so far, are remarkably encouraging; how it will be in the end, I cannot say."

Dr. Duncan:—"What breed are the cattle?"

Dr. Church:—"Jersey."

Quaere—*New* Jersey?

Dr. Hallman, Little Rock:—"I came to listen and to learn and am not prepared to offer anything which

will benefit the association very materially. But I can give you a little experience in the way of feeding children. I have been in the habit of using—of course with regard to hygienic conditions and hygienic rules—oatmeal and milk, and find that it gives me the best satisfaction of anthing I have tried. Take crushed oatmeal, boil or steam it from one to three hours, strain off the broth and add it to milk. Before the addition of milk I add to the broth enough sugar to give it a slightly saccharine taste, and a very little salt. I put in enough of this oatmeal broth to bring the milk to the consistency of cream. In selecting the remedy I agree with Dr. Allen; examine the case carefully and prescribe accordingly."

Dr. Tooker:—In answer to a query by Dr. Smith: "I meant to state that it is wrong to suppose that mother's milk is the only food fit for a baby; on the contrary, her condition may make it a bad food. Not every woman can nurse a baby as long as she likes. Other things being equal, mother milk is the best food."

Dr. W. A. Smith:—"The mothers in the country nurse their children as a rule; probably ninety per cent of the cases referred to by Dr. Bascom were nursed by the mother. I should like to ask Dr. Church if that New Jersey organization sterilizes the atmosphere before allowing the cows to breathe it; if not, it certainly should be done. *Psorinum* I have had but little experience with, never having prescribed it. Hering advised the use of *Opium* where the indicated remedy fails; I find that the rule works well. *Sulphur* would probably work better in the chronic cases, *Opium* in the acute, where the indicated remedy fails to act."

Dr. J. J. Thompson:—"Unfortunately many of the mothers in the poorer neighborhoods of this city do not know the eminent men who have spoken here tonight; they might not have the good sense to send for them, or even for a Homeopath at all. The question is, how can we bring that death rate down from the monthly thousand mark? Now, in Philadelphia and New York charitably inclined individuals have established depots where they prepare milk and other foods which they retail at a low price to the poor mothers who have neither the means nor the ability to prepare them. The ordinary mother who lives in a basement has not the means wherewith to purchase sterilizing apparatus. This Chicago organization can bring great credit upon itself by doing something of that kind; perhaps some of you are too busy, but suggest it to your wives and friends."

Dr. T. C. Duncan:—"I have been very much interested in the papers and the discussion and have listened for something on which our Allopathic friends charge us with being short, i. e., the pathology; they say we are not good diagnosticians. About twenty years ago I had some experience in the Foundlings' Home, and we used to make post-mortems to find the pathology of these diseases. We found one cause to be inanition; there would be a denuded mucous membrane from one end to the other. In all of these cases the stomach was found to be normal size, which lead me to believe that acidity was the chief cause of diarrheal troubles of children. In cow milk we have not only the curd, but free lactic acid to deal with, and I think that is the great trouble. In the nursing mother who is in poor health and nurses long the milk is not what it should be; it may be acid and you thus get a slow poisoning of the system. Perhaps it is not worth while to recall the pathology of this disease. Some years ago the late Dr. Holcombe, of New Orleans, wrote an article called "Summer Complaint," and gave the pathology, showing clearly that it is nothing more than enterocolitis. It is not a part of cholera infantum, though it may follow it.

I look for two things: Is the case one of acid poisoning, or has the child taken cold? Children get into the shade and the system becomes chilled from lack of covering. I have found more cases from taking cold than from the heat. Heat produces enlarged liver and tends toward lienteria."

Dr. J. S. Mitchell:—"I have listened to the papers and discussion with interest and pleasure and I feel encouraged. I am willing to confess that I was beginning to feel blue about medicine; surgery has made such strides that I had begun to think in regard to the family physician that, like Othello, his occupation was gone; but when I heard that a thousand or more of infants had died in Chicago of intestinal trouble during the month of July I felt as if there was a good deal left for us to do. Dr. Flint, of Allopathic fame, once said: 'Gentlemen, you are not to treat diseases, but persons afflicted with diseases.' That would meet the views of Dr. Allen. Sometimes, however, we have to generalize and treat a diarrhea as a diarrhea. Before the crib was put out in the lake when people got their water from the lake shore the diarrhea cases and diarrhea death rate were away in excess of what shows now. Just after the great fire, when people were drinking water direct from the lake there was diarrhea all over the city; so look out for the drinking water. When I was in Nantucket a gentlemen told me of an organization and arrangement similar to the one described by Dr. Church; we should work together in some such practical way. And, too, if children don't die as fast in the country as in the city there is something for us to do beside hunt remedies. In the days when there was so much poor drinking water, *Croton tiglium* and *Veratrum* were the great remedies. I desire to say in relation to the "genus epidemicus," that, in '81 and '82, during the prevalence of the cholera, the remedy most frequently indicated was *Podophyllum*."

Dr. H. C. Allen:—"I was practicing in Detroit at the time, and *Podophyllum* was the genus epidemicus. We do find this once in a while, but not as often in these as in other disorders. *Sulphur, Carbo veg., Psorinum* or *Opium,* may help when the indicated remedy fails."

Dr. C. E. Fisher:—"I believe that 'where the indicated remedy fails,' it is not indicated. I do not lay so much stress on the milk infection theory; I believe it is not a material cause—some babies thrive on milk which may seem to kill others. We know that there are a number of different kinds of bacteria in mother milk, so I do not take as much stock in the intestinal as in the cerebral causes. When we treat children more from the symptomatology of the case we shall obtain better results. Like Dr. Tooker, I believe in flushing, and take the baby across my lap and flush until the water comes back perfectly clear, using from a quart to a quart and one-half. This washes away debris, germs, acids and curds."

Dr. Bessey, Toronto, (old school):—"I have been very much interested in the papers and the discussion following them and have learned a good deal about the art of Homeopathic prescribing. I believe the troubles under discussion tonight arise chiefly from defective feeding. Cow milk is liable to contain bacteria, decomposes readily and sterilization provides against this as much as possible; fresh

human milk seems to be the best. The whole question seems to be one of intestinal irritation. I agree with Dr. Church that no milk should be sold until inspected and the animal found free from tuberculosis, as tuberculous milk is liable to produce tuberculosis in children. We had a frightful epidemic caused by cows drinking stagnant water, and every person using the milk felt the evil effects. I am not a Homeopath, but am heartily in favor of the hygienic measures suggested."

CHOLERA INFANTUM.

By WM. SIMPSON, M. D., San Jose, Cal.
PRESIDENT CALIFORNIA HOMEOPATHIC MEDICAL SOCIETY.

No reply to your request for the "treatment of cholera infantum," if rendered by a California physician, will be understood in the east unless accompanied by some statistics and explanations.

First, then, the whole number of deaths from cholera infantum in this state in 1893 was one hundred and sixty; of this number San Francisco, the largest city, with its two hundred and fifty thousand inhabitants, furnished seventy, and San Jose and its suburbs, with thirty thousand inhabitants, furnished ten.

For the first six months of 1894 the deaths have been:

January—California entire 2, San Francisco 1.

February—California 3, San Francisco 2 of them.

March—California 1, occurring in San Francisco.

April—California 73, of these San Francisco 38, San Jose 3.

May—California 13, of these San Francisco 4, San Jose 1.

June—California 16, of these San Francisco 7, San Jose 2.

Showing a total death rate for the state for the first six months of 1894 of 108, for San Francisco of 53, and for San Jose and suburbs of 6.

The statistics for July for the state are not yet available but the health officer reports but one death in San Jose.

These statistics show conclusively what every California physician's experience teaches him, viz., that cholera infantum occurs only in sporadic cases, is never epidemic and, as a rule, yields readily to the simplest treatment.

My rules are: First, change the food of the mother if she is nursing the child, change the child from the breast to an artificial food if this fails. As most of the cases occur in bottle or hand-fed children a change of food is ordered in such cases from cow's milk to condensed milk or from one artificial food to another.

Second, a flannel band wrung out of hot water is wrapped about the child's body from the edges of the ribs to the lowest portion of the abdomen. This is covered with a dry flannel or a bit of rubber protective and ordered changed night and morning.

Third, perfect rest for the little patient is enjoined. No rocking, no wheeling in baby wagons. *Apomorphia*, 6x, is most frequently indicated for the vomiting, *Ipecac* or *Guaphallium* for the diarrhea, *Arsenicum* or *Xanthoxyllum* for the prostration. As physician to the Children's Sea Side Home at Brighton Beach on the Atlantic I learned very early in my medical life the value of salt baths for the reduction of temperature, and have seen little patients relieved by a dip in a tub of sea water, followed by a pack, the temperature lowered, the head symptoms ameliorated and sleep closed the restless tired eyes. Again and yet again as the symptoms recurred the baths were repeated and the result was ever the same, recovery, till we learned to rely so confidently on our baths and sea air that no remedies were given in a great majority of the hundreds of cases sent to the Home almost in a dying condition and in every case returned to Brooklyn alive, recovered.

No California mother dreads cholera infantum or knows anything except by hearsay of the dreaded second summer. Why? Because the equable climate renders it possible for all our children to be all the year round out-of-door children, whether city or town bred. Because this renders them hardy before their second summer overtakes them, and because, while that second summer, like their first, has hot days and brilliant sunshine, it has *no hot nights* and the child sleeps and begins each day with fresh vigor. Because there are no dog days, no thunder showers and no hot nights, there is less of sour milk and it is far more easy to keep both the baby and its nursing appliances sweet and clean.

THEORY vs. PRACTICE.

By J. W. MEANS, M. D., Troy, Ohio.

Your timely call for some practical literature on the diarrheal diseases of children meets with the approbation of the readers of the Century, and will prove of incalculable value to physicians as well as patients.

The articles on this subject in your last issue are, as a rule, practical and to the point; yet, after having read all of them, and while pondering over the suggestions therein, a little child is brought into my office, about a year old, head hot, feet and hands cold, restless, diarrhea, watery stools, odorless, thirsty, nursing mother. Or a child three years old has filled its stomach with green apples. I am called in the night, find child with high temperature, vomiting, purging, pain. Or a child has had diarrhea for two months, emaciated, wants to eat everything, stools, green, yellow and slimy.

The question I wish to emphasize is, can you glean from any of these writers a satisfactory and reliable treatment for the above mentioned cases?

In the treatment of diarrhea of children, whether we belong to the Homeopathic, Allopathic, or Eclectic schools of medicine, we are compelled to recognize four methods of procedure, viz: Hygienic, medicinal, mechanical and chemical. When first called to see a child suffering with diarrhea, I generally ask the following questions:

1 Nursing mother or bottle-fed?
2 Age of child?
3 Temperature (use thermometer)?
4 Frequency and consistency of stool?
5 Color of stool?
6 Odor of stool?
7 Pain or no pain?

There may be other important objective and subjective symptoms, but the above are the most essential to the selection of the proper remedy. Who cares whether the diarrhea commences at 11 A. M. or 7:15 P. M., or whether the "child has unpleasant dreams" or sensation of "dogs gnawing in region of liver."

When gastro-intestinal troubles in children arise from indiscretions in feeding, we have not only the diet of the child to look after, but a true inflammatory gastro-enteritis to deal with. If the child is bottle-fed discontinue the milk a few days, and in the meantime give rice water, toast water, or as Hale

calls it, egg albumen, without the brandy, made as follows: Mix the white of an egg in half pint of water, to which add a little salt, keep on ice, and give child a teaspoonful every half hour. Don't be afraid of starving the child; thousands have died from over-feeding; few have passed away from scarcity of food. Give child plenty of *cool* water, not ice water, and hot salt baths daily if feverish.

In case I, symptoms given above, I would give *Belladonna*, 2x dil., fifteen drops in half glass of water, a teaspoonful every half hour for four doses, followed by *Veratrum alb.*, same dose for four doses, alternating every fourth dose. Improvement would be expected within twelve hours.

In case II, where the whole intestinal track is engaged with undigestible substances, no one but a fool would try to allay the irritation induced in stomach and bowels by giving some potentized drug. In this instance, mechanic treatment is needed. Give an emetic, i. e., warm salt water, or if necessary, half teaspoonful of *Tr. Lobelia*. After the stomach has been freed of the offending substances, a brisk cathartic is next needed to clear the intestinal track. The longer you allow foreign substances to remain in the digestive tract the greater the danger of inflammation, which might prove disastrous. *Veratrum viride*, 2x dil., will generally allay fever arising from traumatic lesions, such as might be produced in above case.

In case III, where the parents and physician both have become somewhat skeptical as to the efficacy of drugs, a warm salt bath, and emunction of olive oil daily; lime water to drink, prohibit milk in any form, give child small quantities of meat broths, notwithstanding Dr. H. E. Beebe, with all his skill, to the contrary, toast bread soaked in water; don't mix foods, and give two grains of *Extractum pancreatis* (Fairchilds Bros.'), combined with five grains of *Bicarbonate of sodæ* four times a day.

If inflammation exists in lower bowel, flush the colon with one-half gallon of warm water to which is added two drachms of *Boracic acid* (use fountain syringe) twice a day. This is chemical treatment.

It is easier to preach than to practice. Dr. Grosvenor's "half dozen bedside chats" with the young mother as a preventative for cholera infantum reminds me of Dr. Beckwith's theory of treating diseases with music. Physicians are called in this country when sickness occurs, not when the might-be subject is in good health. As in China, we are confronted with a condition, not a theory.

The authors of the articles referred to would confer a favor upon the medical fraternity at large by stating the potency and frequency of dose. The "indicated remedy" may mean the hundred thousandth potency or a teaspoonful of the crude drug. Not long ago one of these contributors whose article appears among the group published August 15, told me that "he had more difficulty in controlling diarrhea of children than any other disease." This is probably the experience of a majority of physicians. The difficulty arises from trying to adhere to a theory that is true so far as it goes, but inapplicable in many cases.

Mechanical and chemical measures which belong to no school of medicine exclusively are common sense measures. Often a styptic in the incipient stage of a diarrhea will cut short a protracted entero-colitis, and an emetic or cathartic will prevent serious trouble of the bowels.

BOWEL FLUSHING IN SUMMER COMPLAINTS.

By FRANCIS S. HILLYER, M. D., Grand Rapids, Mich.

The last number of the Century, issue of August 15th, has been received and read with great interest, especially the letters or articles on summer bowel disorders and the editorial comments upon them. While endorsing a great deal of what has been well written on the subject I have been somewhat surprised to find how little emphasis has been placed upon the use of rectal douches. My way is this: I lay over the lap of the mother or nurse a rubber cloth, rubber coat, or, lacking that, a thick quilt folded three or four times. If I can have the rubber I lay over it two or three thicknesses of cotton to keep the child from immediate contact with it. The end next the floor is thrown into a bath tub or wash tub to catch the water. I then lay the child on its left side on the lap, head a little lower than the hips. Then flush with water as hot as can be borne by the child. My rule is to continue the irrigation until the water returns clear. The child will evacuate the bowels when they become full, but I keep right on with the flushing until at the least a quart and a half of water has been used, and frequently two quarts and over.

My experience is that a patient who has been having small excoriating evacuations every half hour or hour will go from three to twelve hours without a movement and that the character will be greatly improved. I repeat this flushing once, twice or thrice daily, according to the urgency of the symptoms. I have had infants go sound asleep within a few minutes of commencing the irrigation, and sleep two and three hours consecutively, who, up to that time, for several days previous, had not slept more than fifteen minutes without waking.

A remedy of great value in convalescence while the digestive organs are still very weak, is *Hydrastis*.

A food that has served me well many times when other foods have failed, has been made from a recipe taken from Meigs and Pepper on Diseases of Children. It is as follows:

French isinglass, a piece about two inches square.
Arrow-root, one teaspoonful.
Sugar of milk, one teaspoonful.
Water, one pint.
Milk and cream, q. s.

Soak the isinglass about ten minutes, and then boil in the pint of water until dissolved. Then moisten with water and add with constant stirring the arrow-root until well cooked. Then add, just before removing from the fire, two tablespoonfuls of cream and three of milk. This amount will suffice for an infant within the month. Increase the quantity of milk with the increasing age of child until it becomes one-third of the preparation and two-thirds milk. The quantity of sugar of milk is also gradually increased to a tablespoonful. The cream should never exceed six tablespoonfuls. If the parents are too poor to buy sugar of milk, I substitute lump sugar—one lump to the first prescription. Occasionally, a small pinch of salt seems advantageous. I have used this preparation successfully for seventeen years past, and prefer it to most others. With children fed on condensed milk, after the fourth month I have the milk diluted with wheat water, made by boiling a tablespoonful of cracked wheat tied in a cloth in one quart of water, gradually increasing the quantity to three tablespoonfuls to the quart. I find it easier of digestion than oat meal

water, and think it supplies the phosphates needed for bone and tooth growing better than barley-water.

THE COLON DOUCHE IN BOWEL DISORDERS.

By ALLISON CLOKEY, M. D., Louisville, Ky.

REGISTRAR AND PROFESSOR PHYSIOLOGY SOUTHWESTERN HOMEOPATHIC COLLEGE.

Who has not read with pleasure and profit the last number of the Century with its wealth of suggestions in the treatment of infantile bowel disorders? Paying special attention, as I do, to diseases of children, I read the articles presented with especial interest and have filed that number of the Century away to be consulted, when need be, along with Bell.

Because of my interest in the subject I feel prompted to add my mite by way of emphasizing one method of treatment which I was surprised to find so little said about, only two of the writers making any mention of it at all, but which was touched upon in the editorial. I refer to the colon douche, which has so often stood me in such good stead that I feel like saying something about it. I would not confine my remarks, however, to infantile bowel disorders for any application that can be made of the douche here can also be made of it in adults.

The colon douche, like all other measures of relief, must be used with judgment if its best results are to be obtained. Not that its use when not indicated would result in harm, but that the results in such cases would be disappointing, nothing more. I cannot think of a case in which the douche if carefully used would do actual harm beyond the temporary relaxation which might follow.

I wish to suggest that it is more especially in inflammatory diseases of the bowels in which the douche gives the best results. Catarrh here, like catarrh elsewhere, recoils upon itself in that the discharges which are the product of that catarrh serve to keep up the irritation because of their acrid and corroding nature. Hence the importance in healing nasal catarrh, for instance, of thoroughly cleansing the passages from day to day while giving constitutional treatment. These discharges, if allowed to remain, undergo degenerative changes and become, of themselves, irritating.

In cholera infantum, the subject more especially discussed in the Century, the colon douche, is of unquestionable utility.

It may be doubted by some, however, whether cholera infantum, like Asiatic cholera itself, is really an intestinal disease, the alvine discharges being only one symptom of a general condition. Asiatic cholera in fact often proves fatal before the bowels have had time to act. In cholera infantum, however, we generally have fever at the outset, at least, for later in the course of the disease the profuse discharges, like profuse perspirations at other times, reduce the temperature often below normal. It is safe to say that in cholera infantum there is at least a congestion of the large bowel, which might lead to actual inflammation were the discharges not so profuse.

Here and wherever else the mucous membrane of the large bowel is simply congested or actually inflamed or ulcerated the systematic flushing of the colon will give the most satisfactory results. I have had more satisfaction in the use of the douche here than in the opposite condition, constipation.

The water injected not only washes from the bowel the irritating discharges and soothes and cools, if not used too hot, the mucous membrane, but by thoroughly relieving the bowel at one evacuation it checks its activity for awhile, thus giving the patient, so often a little one, a chance to rest. Then, too, this bath to the lining of the bowel, by the latter absorbing a little of the water, checks the thirst for the time being, even as a salt water bath will do, relieving another symptom that keeps our patient fretted and wakeful.

Often when my patient's life seemed ebbing away a turn in the tide began with the use of the douche. I have thus far used only plain water, but can see the advantage of adding a little salt. I have often wondered if some of our usual catarrh solutions could not be used to advantage—Dobel's solution, for instance, composed of *Carbolic acid, Soda bicarbonate, Soda biborate, Glycerine* and water; it seems a splendid injection for cleansing and healing.

Where the discharges from the bowel are not inflammatory but due, for example, to simple vasomotor paresis, the watery elements of the blood being poured out into the bowel, I do not think flushing would avail much. Such treatment would do little or nothing for such diarrheas, for instance, as attack public speakers and singers in anticipation of the ordeal through which they must go. Such diarrheas seldom need treatment any way, being only a temporary condition with a natural tendency to spontaneous recovery.

If we Homeopaths as a body have only one fault it is that we do not go deeply enough into etiology and pathology, often in our devotion to symptomatology prescribing for the mere expression of something we entirely overlook.

In treating even so common a disease as diarrhea we cannot go too deeply into the cause, for upon the proper recognition of it depends the success of even our simplest procedure.

FURTHER REMARKS ON INFANT HYGIENE AND FEEDING.

By H. E. BEEBE, M. D., Sidney, Ohio.

EX-PRESIDENT HOMEOPATHIC MEDICAL SOCIETY OF OHIO.

The kind editorial criticism of my paper, "Hygiene and Feeding of Infants," in the August 15th number of the Medical Century, is all right. You ask me to individualize and not generalize so much. One point I attempted to make was that we must individualize our cases at all times; there can be no stereotyped rule to follow, each case must be studied and treated accordingly.

In the majority of acute intestinal disorders of children we must prescribe less and proscribe more. It is the "dont's" that exert most influence in relieving and curing our little patients of these troubles. The indicated remedy is important, and we are usually safe in following Bell, but no more so than the hygiene and regimen, especially the latter. The indicated remedy and hygienic rules apply probably nearly the same as in all diseases but the diet must be restricted. It must be used rationally and methodically. More babies by far in these acute troubles are killed outright by over-feeding than by starvation.

The adult abstains from eating, having little or no desire, when suffering from similar maladies; then why feed the babies; why should they be more hungry than we? Give them cold water in abundance so long as it does not produce vomiting; when it does then often hot water will agree and as a rule hot water will quench thirst better than cold. The baby cries from thirst and not hunger. Use ice and ice

water with caution. Give food only when absolutely necessary, then no milk if you are sure milk has caused or aggravated the trouble. I believe Prof. Vaughan to be about right as to summer diarrheas of children being due to toxicogenic bacteria, and that milk is the most suitable culture for their growth.

You ask what food is most suitable? That is a question the intelligent practitioner must determine by trial and his good judgment. It may be Horlick's food, Ridge's food, Lactated Food, Malted Milk, condensed milk, Bovinine or some one of many other good preparations; what agrees with one may be as poison to another.

While clinical evidence is far more reliable than theory, it, too, may sometimes prove misleading.

As to the exact information you and all of us so much desire, I fear that when you ask for careful differentiation in the matter of selection of infantile foods you will be disappointed. The positive practitioner is not always as reliable as we might wish. His deductions often fail when brought to the actual test. We want, in all our work, just what you are asking for when it is possible to procure it, good, reliable clinical facts, and I am glad to see your journal devoting so much space to this particular line. Go on in the good work.

CHOLERA INFANTUM AND COLIO-ENTERITIS.

By C. F. BENNETT, M. D., Waterloo, Iowa.

As the name indicates, the first has true choleraic symptoms. The latter is a more or less acute inflammation of some portion or portions of intestinal canal with systematic infection by absorption of poisonous contents—the cause similar in nature to that of true cholera infantum, with the symptoms less intense and alarming on the outset.

Of causes let me mention two, predisposition and infection. The children of alcoholic, tobacco or tea and coffee drinking parents cover most of the former. Infection may come from the nipple, the nurse bottle, another patient, candy, dirty dishes, but never from pure food. A case of summer complaint in a nurse bottle is the hardest to cure. "Yes," the mother will say, "I wash it every time." But on investigation it usually transpires that the bottle is filled and washed only when emptied. In the meantime when not in use by the child is laid in the sun to keep warm. And when washed is given the proverbial cold water rinse till the bottle looks clean but with a cheesy smell still there.

In the treatment, I will say in the choleraic variety where time must be gained, remember death comes from absorption of decomposed contents of alimentary canal, chiefly in the colon. The immediate danger is from high temperature or collapse. Two things must be done at once, viz: (1) Keep down the heat, and (2) clean out the intestinal tract, or, in surgical language, "provide drainage." I have one favorite antipyretic. It is not antipyrine, which I have never used for this purpose. It is cold water. I use this in the form of a cooling bath, after the Bland method for typhoid fever, and occasionally bits of ice no larger than a pea to begin with, by the mouth and anus. Use this method at once if fever is above 103°, cooling both gradually from 95° to 75°, watching carefully temperature in axilla so that it goes not below 101°, when quickly remove child, rub carefully but dry thoroughly and lay away to rest. If head symptoms persist, keep cold wet packs on head changed often. Put child back in bath as soon as fever gets above 103°, observing same precautions, and repeat as often as necessary.

The contents of the bowels must also have immediate attention. At once seek to prevent further decomposition and substitute a healthy digestive process by draining off that which putrifies and decomposes. Don't begin above. Open the lower gates. The current is downward, and all that is necessary is to provide an outlet. "Well," one will say, "is not the rectum and anus patent enough in most cases of summer complaint?" No. Colic means obstruction. How many of us have not removed a piece of placenta from a cervix already dilated and thereby quieted intense uterine pain? Those who have failed to introduce a rubber or metal tube into the rectum to relieve the distressing tenesmus and tympanites of typhoid should ever be ready. And those who do not keep the rectum and colon free from the awful discharges in the disease under consideration should begin at once. "Provide drainage" by a suitable tube kept in position enough of the time to prevent at least rectal tenesmus. In addition occasionally throw a gentle stream of water, to which has been added a little malt and pure milk, as high up as possible. Let everything drain away. Malt is the ideal intestinal antiseptic. It is harmless, and added to pure milk, a teaspoonful to the half pint, will not quickly become contaminated by poisonous products. This rectal flushing serves also to bring nutritive material in contact with mucous membrane, more or less of which must be absorbed.

By the stomach give at first in doses of only a few drops a similar solution of malt and milk diluted with equal parts of pure water. Gradually increase as the stomach will bear it.

Pure and cool air must also be provided. Take the child anywhere to obtain it.

This much for the acute cases which die often within forty-eight hours if left to themselves.

Those cases which persist in the colico-enteric variety should likewise be treated if the temperature runs high or colicky pains persist. In all cases every source of infection must be removed, and pure and proper food, and pure and cool air must be provided. Have the food prepared in clean vessels so it does not become contaminated. This food varies with different children, but malt, which is nature's own food, added to pure milk, which is nature's own food, will, if carefully and gently given at first, satisfy ninety-nine per cent of all cases. Malt is a vegetable digestive agent besides, and acts in an alkaline medium, and in all probability has the power of actually digesting disease-producing products. Feed the patient regularly, often, and in very small quantities at first, gradually increasing amount and time between administering. Pure air and cool air may be obtained in various ways. I have kept children on the housetop or on the street all night. I have resorted to all sorts of expedients in the day time. A shady corner, a clump of trees, a long ride on the shady side of a street car may be thought of.

The well cases of cholera infantum or colico-enteritis (pardon me if I indulge in the paradoxical) must be fed regularly on pure and appropriate food and on pure air. By appropriate food, I mean food suited to the age of the patient. I need not say to "the wise" not to give undigested starches to babies, but "the wise" must say it to their mothers. Let me emphasize the necessity, in addition, of regularly

feeding babies every two or three hours, and only once at night.

This brings me to the prevention. "The wise" shall understand. I have indicated the causes. Avoid them.

I would like to narrate a few house-top cases and my first experience with the cooling bath and a tired mother, but you would not forgive me. I'll only report the history of one family. Five babies had been born. The last one was under my service. It was well and happy. The other four had died in infancy of the subject of this article. I would save this one. The father was alcoholic. In midsummer the mother was away many miles on a visit and this child sickened and died as the others had done. With what assurance I could tell the mother how different "it might have been." But my time came. A year later another child was born. A year later still I was quickly called at 7 P. M. to see this child. At 4 P. M. the mother had noticed it would not amuse itself more on the floor. I found the child comatose. I prescribed and promised to return in the night. I went and found the corpse laid out in the front room with watchers sitting around. It had died at 9.

Another year passed and another child was born. I had moved to another place, and another good Homeopath who substituted proper food and hygiene, and who got ahead of me in carrying out these practical points, brought the child to years of safety.

One more word about foods. Avoid giving in any case where mucous membrane may be denuded any food which may contain undigested starch granules. If you have a sore mouth or throat, try the effect of harsh, starchy substance found in beans, for instance. Malt will change this, hence some prepared foods with starchy ingredients are rendered valuable by reason of this change.

Regarding remedies, choose well. Remember *Belladonna, Camphor, Ipecac, Mercurius.* That man who chooses well, does well, but that one who, in addition, uses the other means, does better. If he were to leave out either, I would prefer it be the remedy.

I have been prompted to write this by not finding in your recent articles what has been of so much service to me.

THE USE OF WATER IN SUMMER COMPLAINTS.

By T. L. BROWN, M. D., Galion, Ohio.

I have read with great interest and profit the different articles on the summer diarrheas of children, and consider the hints contained in them very valuable. I only wish to emphasize two points. The first is colon flushing, as recommended by Dr. C. R. Mayer, of New Orleans. I have done this for several years with most gratifying results. I usually add some antiseptic to the water, but I have no especial preference. The principal thought with me is to empty the bowel of all fetid matter, which can only irritate and infect the system by more or less absorption. The warm water in the bowel seems to relieve the cerebro-spinal congestion. Try it.

The second point is the use of plenty of cold, fresh water to drink. In this connection I would only say to read over again the remarks of Dr. L. C. McElwee, of St. Louis, under the head of "Cold Water," on page three hundred and eighty-four, every word of which I can commend.

CREAM THE IDEAL BABY FOOD.

By J. A. SAPP, M. D., Salineville, O.

I have had some experience with bottle-fed babies, both in Ohio and in California, and my rule in regard to their diet is this: I endeavor to select a perfect diet as near as possible. I order the parents of the child to procure milk from a cow kept in stable and fed only the best hay and mill feed. It is better if the parties using the milk can own the cow and look after her feed. I use only the cream, diluted to suit the age of the child, and sweetened a little. To my mind it is just as inconsistent to try to correct a baby's digestion leaving out this method as it is to undertake to cure asthma or some other reflex disorder omitting orificial methods. True, we have in Mellen's food and the various preparations of artificial food what will suit one case of a great number, but what we want when a baby is very near death from indigestion is a food which will be no experiment, and in cow's cream we have it as near as it can be obtained. I believe what Gerard Smith says on the subject of infant feeding and have received valuable aid from what he has given to the profession, and the world.

MORE LIGHT WANTED ON CHOLERA IN FANTUM REMEDIES.

By B. McKEE, M. D., Colesburg, Iowa.

I have been much interested in and I believe helped by a careful perusal of the "Summer Complaint Number" of the Medical Century, but I wish some of the heavy ordnance would be a little more explict in regard to the remedies which have served them in this serious warfare. Advice to "Study the Materia Medica" is all right as far as it goes. That is what I have been doing and mean to do; but what if the little life goes out and leaves me studying the Materia Medica for the simillimum? I long for the sage advice of older physicians who have learned how to sift the Materia Medica and by grasping the salient points to quickly arrive at the truly indicated remedy.

I trust that your younger readers will shortly be favored by some more workable articles from the same pens from which came the truly magnificent Summer Complaint Number.

And, by the way, could we not have some good articles on the gastro-intestinal troubles which afflict adults during the heated term? I have had to deal quite extensively with a condition, the true nature of which is not yet clear to my mind. The patient comes to me complaining of a sharp pain entirely around the middle of the chest or it may be extending from a point midway of the sternum, posteriorly directly through to the spine. There will be a history of constipation for a week, a tongue loaded with dirty yellow coating, occasional gastralgia, headache and thirst, the former mostly in the occiput and the latter for large quantities of water. I have rummaged the entire Materia Medica and cured some cases but I would like more light.

I know you are long suffering but I will stop lest I weary you. I want help; will anyone furnish it?

The Homeopathic hospital in Munich has existed ten years and its growth has been such that an extension is required and about to be made. Drs. Quaglio and Köck are doing good work in the Bavarian capital.

SUMMER COMPLAINTLETS.

The *Croton tiglium* stool is expelled like a shot.

Apis mel., is characterized in threatened brain cases by wild, piercing shrieks.

Gummi gutti has much pain before stool with almost or quite immediate relief from its expulsion.

The *Cantharis* stool is like scrapings from raw beef mixed in watery or bloody-watery fluid. It is usually accompanied by tenesmus urine.

Asafœtida has a limited range of action and is chiefly applicable in the diarrheas of scrofulous children and hysterical women.—Bell.

The *Gummi gutti* stool is expelled all at one effort. It is not the gushing, shot-like stool of *Croton*, but it makes a clean exit and gives marked relief at once.

Cuprum metallicum is called for when there are violent cramps in the legs and feet; spasms with blue face and thumbs clenched across the palms of the hands.—Bell.

Pulsatilla's characteristic indication is "ever changing of the color and character of stool." No two stools are alike; this is due to faulty gastric and duodenal digestion.

Ipecacuanha is a most effectual remedy, especially if the diarrhea is yellowish, and watery, and white mucous is vomited; attended with a good deal of colic and tossing about.—Jahr.

Antimonium crudum deserves the preference if the skin is hot and dry; liquids are, more particularly, vomited up, and the diarrhea is very yellowish and very offensive.—Jahr.

Mercurius solubilis presents the never-get-done symptom. Great straining. Tenesmus continues after the child has finished stooling. All its symptoms are worse at night, as a rule.

The *Podophyllum* stool is practically painless, usually comes on suddenly and at night or in the night; it is yellowish and watery, at first of a "bilious" odor but soon changing to an odorless one.

Castoreum, half a drop of pure caster oil, is one of the most useful remedies in domestic practice for commencing summer complaints characterized by greenish stools and much straining.

In *Kreasotum* cases the teeth show dark specs and begin to decay as soon as they appear. It has also marked exhaustion, very restless and tossing about at night; sleeping only when caressed and fondled.

Laurocerasus (Hydrocyanic acid) has, as a most characteristic symptom, the audible rolling of drinks into the stomach as they pass through the œsophagus. No other remedy has this so marked as this acid.

Aethusa cynapium has, among other striking indications, sudden and violent vomiting immediately after nursing; milk is thrown up just as it was swallowed, or in curds so large as to almost choke the child.—Bell.

Apis melifica has a few very characteristic indications, among which are involuntary stool with every motion, as though the anus stood open; constant oozing from anus, of which the patient is unconscious; little or no thirst; bruised, sore feeling of the abdominal walls, with excessive tenderness; stupor, interrupted by occasional piercing shrieks.—Bell.

Bryonia and *Colchicum*, more, perhaps, than any other two remedies, are to be thought of and studied in connection with diarrheal disorders occurring as fall comes on, when the days are hot and the nights cool.

Phosphorus has stool like unto water pouring from a hydrant. The stool is not expelled as forcibly as in the case of *Croton tig.*, but rather pours away as from its own weight. The anus is relaxed and lies open.

Natrum sulphuricum has early morning stool as a marked symptom in this respect, rivaling *Aloe* and *Sulphur*. The *Natrum sulph.* stool is gushing and watery, or mushy and foul smelling, with always an early morning aggravation.

Sepia fills an important place in the treatment of infantile diarrhea. The aggravation from boiled milk and the rapid exhaustion are distinguishing symptoms. It is also applicable in chronic, debilitating diarrhea.—Bell.

Iris is characterized by burning, burning, burning. Bell gives it as follows: Burning at the anus. Burning at the anus as though on fire. Burning from the mouth to the rectum. It also has, in italics, vomiting of an extremely sour fluid.

Argentum nitricum covers sudden and severe attacks of cholera infantum with its characteristic stools like chopped spinach and expelled forcibly with much sputtering, in children who are very fond of sugar or have eaten too much of it.—Bell.

The *Rheum* child smells sour. Its stools smell sour. Its breath smells sour. As burning is a characteristic of *Iris*, straining a characteristic of *Mercurius solubilis*, prostration a characteristic of *Arsenicum*, so also is sourness a characteristic of *Rheum*.

Rolling of the head, rolling head backward in the pillow, and other analagous symptoms call for remedies like *Helloborus, Bryonia, Podophyllum* and *Apis*. *Bryonia* has, also, as a very characteristic symptom, a chewing motion of the mouth and jaws.

If *Arsenicum* should have produced medicinal aggravation of the symptoms and *Veratrum* has not yet been given after *Ipecac*, one or the other of these remedies not only subdues the aggravation but likewise at the same time removes the original malady.—Jahr.

Colchicum stands next to *Podophyllum* in painless cholera morbus. It differs chiefly in the fact that the stools are smaller and less gushing, in the time of aggravation, in the autumn, especially, and in the evening and night, and the presence of nausea and vomiting.—Bell.

No remedy does more good than *Arsenicum* if in spite of all treatment the child grows weaker, the features collapse and the child looks cadaverous; the evacuations from the bowels are exceedingly frequent. This remedy has to be given in very small doses lest it should cause aggravation, which, although transitory, is, nevertheless, very disagreeable.—Jahr.

Magnesium phosphoricum is a strong rival of *Colocynthis, Belladonna*, and *Chamomilla*, for the gastric and enteric pains of diarrheal disorders. It is especially indicated when the nervous system has been taxed during the teething period and when the pains are relieved by the application of warmth. In this particular it is a handmaid of *Pulsatilla*.

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C. E. FISHER, M. D., - Editor,

ASSOCIATE EDITOR:

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MORE ABOUT SUMMER COMPLAINTS.

The articles in the special summer complaint number of this journal, bearing date of August 15th, having brought from the profession a number of excellent contributions on this subject, these, together with the papers read at the September meeting of the Homeopathic Medical Society of Chicago, and the discussions thereupon, are combined in a second summer complaint number in this issue.

In these papers there is much good meat. We wish it were possible to deal editorially with every thought presented, and to carefully analyze all the contributions and weigh well the points of difference presented by the contributors. But as this is not possible we shall touch lightly on a few points only.

It will be noticed that several of the new contributors dwell with some emphasis upon the free use of the rectal and colon douche. This is a point of extreme importance. The discharges in summer complaints are always more or less acrid and irritating. The free use of the douche, as described by Dr. Hillyer, a method we have long followed in private practice, is a measure of very great value. But to be of service it must be used freely and often. The simple washing of the rectum will not avail. The hips of the child should be elevated and the water, which should be of comfortable warmth, rather too warm than too cool, should be allowed to find its way by gravity through as much of the intestinal tract as is possible. The colon, cecum and rectum certainly can be freely cleansed of all noxious matter in this way, and even the small intestines can be irrigated in many instances. Not only does this irrigation free the primaviae of noxious matter, debris and irritating substances, but the water is grateful to the little system, cooling the heated tissues, and, no doubt, a good quantity of it is absorbed. The water should be sterilized, boiled and cooled, and if necessary a slightly alkaline reaction may be given it by salt or borax. The saline douche in blood loss is a good agent, and the same thought will apply to cases wherein there has been a considerable loss of serum. Dr. Clokey is a strong supporter of the colon douche, and others favor and mention its use. This measure has been brought to the attention of the readers much more forcibly in this number than in that of August fifteenth. The fountain syringe will commend itself as the best for use in this connection, and the water may be cool to cold, simply cool, tepid or hot, as the physician may prefer and the patient seem to favor. Sometimes quite hot water will allay the nerve irritation and seem to serve best. The heat of the douche overcomes the local congestion, and hot water is more readily absorbed by the vilii of the intestines.

Drs. Cobb and Beebe and perhaps one or two others look upon summer complaints as due to milk infection. Dr. Beebe refers to Prof. Vaughn's theory and supports it, while Prof. Cobb assumes milk infection to be the chief cause of the diseases in artificially fed children. Yet we find Dr. Bascom calling attention to the fact that children in the country do not have this disease as children in the city do, in which Prof. Tooker agrees with him heartily, and Dr. Smith brings out the thought that children brought up in the country are the very ones most likely to be fed on milk. Country babies certainly get more milk than city babies. It may be argued that the milk they get is purer and fresher. This may be true, and thus the point may be sustained that spoiled milk is the cause of a deal of this trouble. But if milk be sterilized what becomes of the bacteria? And then, too, country people pay but little attention to this extra care, described by Dr. Church as being tried in New Jersey. There they are sterilizing the food of cattle, the water they drink, their udders, in fact, sterilizing the cow herself, as it were, hoping thereby to secure decrease in children's diarrheas. Dr. Smith humorously asks if the Jerseyites are practicing sterilization of the air, and it is quite in accord with the ideas of asepsis as it relates to surgery to suppose that the air is full of deadly germs. And thus we see somewhat into the ridiculous side of this question of bacteria.

Surely if milk infection be the cause of summer complaint to the extent some of the contributors and authorities would have us believe its poisonous effects would hardly be so completely offset by pure air as the experiences of Drs. Simpson and Bascom indicate. Bad milk is a bad thing. Good milk is a good thing. It is God's own sucklings' food, and next to the mother's milk cows' or asses' milk in some form or other, either condensed or free, either as cream, as Dr. Sapp has it, or as sterilized milk, is to be considered a baby food par excellence.

Prof. Tooker properly raises the question of prolonged lactation. Many a mother sacrifices her offspring to the supposed virtues of lactation as a preventive of conception. After from nine to twelve

months the maternal fluid does not contain the chemical ingredients necessary for the proper support of the child. This goes without saying, and it certainly is our duty to have our clients who prolong the nursing period beyond this time, with reasonable exceptions, understand that they are sacrificing the lives of their infants, should summer complaint set in. The breast satisfies the children in a measure, but the food is swill food of the worst sort. It contains neither the quantity or quality of nourishment the developing child needs. But Prof. Tooker seemed to take unusually strong ground in this matter, and it became necessary for him to explain away what seemed to many to be a too sweeping denunciation of maternal nursing.

In the realm of therapeuties Dr. Smith brings forth very strongly the value of *Sulphur* as a remedy for summer complaints. "When you do not know what to give give *Sulphur*," will ring in the ears of all who heard it. It may be good advice, but then again it may not. *Sulphur* is one of the most profoundly acting remedies in the Materia Medica. If indicated it is a useful remedy; if not well indicated it may be a very dangerous remedy. It certainly is to the children of tuberculous pedigree, and simply because a physician does not see clearly the indicated remedy is no reason why he should jump at *Sulphur* any more than at *Aconite* or *Nux vomica* or any other agent. And Dr. Allen, too, seemed to easily fall into the same error. This thought of giving *Sulphur, Opium* or *Psorinum* when the apparently indicated remedy seems not to act well, is fallacious teaching in our judgment. If either of these remedies is called for because of some constitutional taint which seems to interfere with the action of a medicine apparently well indicated then that remedy becomes the indicated one by virtue of that constitutional taint, and no other remedy can be the indicated one. For are we not to consider the constitutional features of a case as of first importance in selecting the remedy, rather than to look to the local or visible symptoms only? These gentlemen may have an explanation for this apparent discrepancy between careful and hap-hazard prescribing. If they have the MEDICAL CENTURY will give it place most cheerfully. It does our very soul good, as will have been observed, to be afforded opportunity to touch up the teachings of these colleagues and those like unto them who teach, as they certainly should, the utmost of care in selecting the similimum. If *Sulphur* is the similimum of a case it is because it is the similimum, and not because some other remedy is not.

Dr. Means uses a pickaxe, and goes right down to the bottom of things. He gives a few good thoughts, and a few not so good, perhaps. *Veratrum viride* in the second dilution is rather low for young children, is it not? So also with *Belladonna*. We are not known as a "high" prescriber, but would hesitate a long time before giving either of these remedies in attenuations so low to very young babies. He emphasises the practical thought of clearing the alimentary tract when loaded with irritating substances, and his advice here is certainly timely and good. We may well take cognizance of nature's methods. If the stomach or intestines be loaded with offensive substances she vomits and purges them off. And while we should be a subject of censure did we suggest the old fashioned emetics and purges for the case Dr. Means pictures yet our best judgment would say to get rid of the green apples at once. The colon douche will do much in this sort of case, and the free use of warm salt water per oram will do equally well by the upper part of the tract. If we could but find the combination of a good stomach and colon douche whose office would be to cleanse the stomach and intestines at one time without putting our patient through the disgusting and debilitating act of performing emesis, we would be performing a good service. For surely these organs should be cleansed when irritated with faulty food, mucous debris, chemical irritations which develop from faulty digestion, etc.

On the whole we believe our readers will agree with us when we suggest that we have been able to wring out of the profession a good deal of practical information and many valuable hints in the management and treatment of summer complaints. It is but justice to suggest that the contributors to the issue of August 15 were given but a few days' notice to the effect that their contributions were wanted, and they were asked not make them profound, but to give off-hand talks on the subject. Hence the apparant lack of profundity and thoroughness some of them have shown. This was not asked for, not wanted, and time was not given for it.

What have we learned from these contributions?

That the theory holds among many authors that summer complaints are largely of to bacterial origin, milk infection being the chief cause. This theory does not seem to bear investigation, and the profession at large will hardly accept it unless better testimony is offered than the vague opinion of germists.

That the colon douche is a most valuable means of treatment in all infantile bowel troubles and should be resorted to with the utmost freedom and confidence.

That the *sina qua non* in this disease is fresh air and plenty of it, an out door life being practiced whenever possible. The country is better than the city, the front yard better than the back yard, the back yard better than indoors.

That cool water, even to cold water, and some recommend ice water, should be given *ad libitum*. Don't let these little sufferers die from want of water.

That the ideal food is as yet a thing to be found. Mother's milk takes first place, cow's milk, either sterilized or in the form of dilute cream, takes next place, and reliable and fresh proprietary foods have proper place in a share of cases, requiring, however, careful watching and nice discrimination. Mellin's

Food, Malted Milk, Panopeptone, and, perhaps, Lactated Food, coming in order named.

That the selection of the remedy is one of the nice points in the treatment of the case, and that its practice is a fine art. It is essential that the whole case shall be considered, and very often other than the bowel manifestations are the guiding symptoms. The closer we adhere to the law of cure and to Hahnemann's methods of choosing the medicine the more accurate our prescribing will be, and, therefore, the more successful our management of the case. The patient, rather than the disease, should be the subject of treatment.

That over-feeding is a great danger, and that under-feeding is better if either error is to be committed.

That hygiene plays an important part in the prevention of summer complaints.

Dr. Allen's differentiation between hydrocephaloid and cholera infantum is directly to the point, and his arrangement of remedies for this disease, although not held to be original, is practical and should be very helpful. The usual dictionary recital of symptoms is present to some degree, but besides this there is in his delineation of remedies much of which the busy man will be able to avail himself that will be useful.

All told we have been enabled to set before our readers quite a feast, and the physician who cannot find something of value in the spread which has been made is either a wise man or an ignorant one. For there are many bright kernels of thought in this number, and taken with that of August fifteenth we believe it has been possible for the Medical Century to give to its readers the best lot of pabulum on summer complaints that has yet appeared in our journalistic literature.

AS WOMEN AND DOCTORS.

The editor of the *Pacific Coast Journal of Homeopathy* has been trying to keep cool recently by writing some squibs, always interesting, now and again flattering, occasionally critical, on the Medical Century's idea of woman in the medical profession. History does not record that the editor of the *Pacific Coast Journal* succeeded in stealing a march on the weather, but, *prima facie*, his chronicle is cool and calm and clear—and a little uneasy. Uneasy for the grace and charm and dignity of womanhood; uneasy for the peachblow innocence and confidence and kittenishness of sweethearts; uneasy for the tenderness and queenliness and gentleness of mothers; uneasy lest the doctor take the place of the woman. Our colleague would have us understand there must be, there is and there ought to be, the question of sex entering into professional valuations as in other of life's relations; that ability in the profession is not the recognizable and feasible element; that we cannot be courteous without being unjust; that in spoiling the woman we nullify the doctor; that it is a heavenly dispensation that it is so, for we want women more than we want doctors.

This would be good logic possibly if the women didn't want to be doctors and could find themselves satisfied with being spoiled. And if they want to be doctors they want to be the best doctors, and there is no use, no justice, nothing gained in calling them good doctors if they are bad doctors. The western editor believes all this, and says he believes it, but it frightens him just a little. In spite of all that woman has shown him to the contrary he wonders how she is going to continue to be gracious and charming and dear if she is going to grow so accurate and skilled and learned.

Oh, ye of little faith, go sit at the feet of Hypatia and learn of her! On the night of September 6th at the meeting of the American Association of Orificial Surgeons there was read before that august and trousered assemblage a paper which skillfully handled a delicate subject, which went so directly at the evil because it was disease, which was so unburdened with the author's personality that it brought two of the most eminent physicians present to their feet in warm congratulation of the woman who presented the paper, of the paper itself and of the time which was so scientifically sexless as to permit of such a paper's presentation.

No, we won't quarrel with our chivalrous contemporary; we have no desire to unsex women, but that women will not be judged by absolute standards of merit cannot be true, nor desirable nor justifiable. It could only be true where mediocrity was a condition and a permanent, unmodified one. That is, it might be true of today but never of tomorrow. For already there is a galaxy of stars in the feminine contingent of the profession which lights the way to a general fulfillment of what is as yet necessarily a limited promise. Men will always be nice to the ladies—*ca va sans dire*—it remains with the ladies whether men shall be nice to them because they are lovely women or because they are good doctors or because they are both.

THE ORIFICIALISTS.

There was held in Chicago the first week in this month the seventh annual meeting of the American Association of Orificial Surgeons, at Central Music Hall, and at the Chicago Homeopathic Medical College Prof. E. H. Pratt's special course in orificial surgery was given for the seventh time. This class was the largest and by far the most representative which has yet attended the course, and the association meeting was also the largest and best this society has yet held. Physicians were in attendance from all over the United States and from Canada. Nearly every large city was represented. Several of the colleges were represented in the class, among them New York, Cleveland Medical, Pulte, Homeopathic Med-

ical College of Missouri, Kansas City Homeopathic Medical College, Southwestern Homeopathic Medical College, and perhaps others. Among the attendants upon Prof. Pratt's clinics and the meetings of the orificial association were to be seen a number of the best minds of our school, men not likely to be seduced from the straight and narrow way by fads and fancies, but men known and recognized as searchers after truth and advancement in medical and surgical science and art; and the testimony of their presence and participation in the work of the week gave to it a character which should set to thinking those who have made this work the butt of their vulgar jokes, the subject of their sneerings, the derision of their vain gloryings and self adulation. We cannot all be orificialists. Minds operate in different channels. But that there is a great truth behind this thought of Prof. Pratt's can no longer be questioned, and the profession has shown by the meetings referred to that it is interested in this truth, that it proposes to extract from this thought the meat that is in it, that it is not to be deprived of its assistance in practice, and that to its author belongs a meed of praise and commendation denied in some quarters but now accorded him by the more liberal and less conservative and traditional men of Homeopathy.

There is milk in the orificial cocoanut. Just how many of the practioners of this department of work extract it is an open question. It would quite accord with the history of other new thoughts in medicine if its first converts should see but the outer crusts, the piles, the pockets, the papillæ, the erosions and cicatrices, and not the great central thought of nerve waste and nerve repair. Prof. Pratt drums this thought in season and out of season, as it were, and yet we hear and read but little of it outside the writings of Pratt, Runnels, Green, Beebe, and a few others. Most orificialists, and most doctors who would critcise orificialism and its methods, see but the pathological products. They want to doctor the disease instead of the person diseased. In this they are like the crudists of the old and our school who look upon disease as a tangible entity to be attacked with vigor and quantitatively. In this the experience of Homeopathy and orificialism are somewhat alike, and not till the profession investigating them gets down to the inner core, to the real essence of the philosophies upon which they are founded, will ample justice be done either thought or ample compensation in results be the reward of success.

Orificialism is growing. There is much in it as today practiced to doubt, beyond question, but there is very much in it to commend. It cannot be the cure-all that many of its devotees, perhaps the more superficial of them, however, would have us believe, nor will it supplant other philosophies in medicine which are built upon enduring foundations. But that it has a distinct sphere in our art is now beyond question. Shall we hold out against it in doubt and derision or shall we do as Green and Runnels and Wood and Danforth and McElwee and Walton and hundreds of others of our colleagues are doing, and have been doing, investigate it fairly, thoroughly, scientifically, and accept that which is good, rejecting that which may be chaff?

CHICAGO'S NEW SOCIETY.

The second meeting of the Homeopathic Medical Society of Chicago demonstrated beyond question the wisdom of this organization. The night was a most unpropitious one, the rain falling in torrents and the heat being intense, yet there were above eighty physicians in attendance. Several of these were visitors from other states, but this made the meeting all the more interesting and enjoyable and the expression was universal that it was in every sense a success. The papers were excellent. Dr. Cobb treated of the etiology and pathology of cholera infantum and the summer diarrheas of children. Dr. Tooker followed with an admirable paper on the hygiene of the bowel disorders of children; Dr. Wilson Smith gave a very practical paper on the medical treatment of these diseases, and Dr. Allen wound up with a paper on the differentiation of bowel remedies and treatments which was as full of good thoughts. These papers and the discussions thereon, all of which appear in this number of this journal, were exceedingly interesting and the meeting was pronounced a good one in every sense. Had the weather been at all favorable there would have been at least twice as large an attendance.

The profession of Chicago is to be congratulated upon the success of this effort to give to Homeopathy a unified society. It is a move in the right direction. In union there is strength, and there are so many ways in which an association of this character may be made to serve the profession to its general and individual advantage that we wonder that this great city has not before this had a general association, in which all cliques and factions and colleges and societies might feel equally interested. And now that we have such a society it should be the pleasurable duty of every member of the profession of Chicago and vicinity to attend it regularly, rain or shine, as did the eighty who were at the last meeting.

President Weirick is the right man in the right place, and it would not have been easy to have made a better selection for secretary than has been done. Dr. Halbert is just the man for the position. And the committees are so manned that every public interest is equally represented, and the association is the association of us all alike. Let us make it everything it should be for ourselves and our cause.

A committee of ladies of Gonda, a Holland city, organized a lottery in May last, the proceeds of which is to go to the construction of a Homeopathic hospital.

Editor's Table.

Dr. C. H. Vilas is home again from Europe.

Dr. M. S. Rice, Aurora, Illinois, was a member of Dr. Pratt's class this month.

Dr. Henry Chandlee is now dean of the Southern Homeopathic Medical College, Baltimore.

Dr. Carl Fairbanks, Chicago, spent his summer vacation at Charlevoix and Mackinac.

Dr. R. N. Tooker put in his summer vacation at his summer home at Fox Lake, Wisconsin.

Dr. C. H. Goodman, St. Louis, was an interested attendant upon Prof. Pratt's clinical course.

Dr. W. W. Estabrooke, Jerseyville, Ill., made the Century office a pleasant call during a recent visit to the city.

Dr. J. S. Mitchell, Chicago, has returned from his summer vacation, which was spent, as usual, at Nantuckett.

Dr. C. W. Day, Registrar of Hering College, has returned from his summer vacation at Ocean Grove, New Jersey.

Dr. W. E. Newton, Ligonier, Indiana, was an attendant upon the American Association of Orificial Surgeons last week.

Dr. O. S. Runnels, Indianapolis, one of the strong aides de camp in orificial surgery, put in a day or two in the city last week.

Messrs. Boericke & Runyon, San Francisco, have been awarded a gold medal for their slendid display at the Midwinter Fair.

Dr. and Mrs. H. F. Fisher, Nashville, have been summering at Mount Eagle, one of Tennessee's delightful mountain resorts.

Dr. J. H. Buffum has returned to his work from his summer vacation, which was spent at his cottage home at Lakewood, New York.

Dr. G. E. Blackman, Vernon, Texas, was an interested attendant upon Dr. Pratt's special orificial course the first week of this month.

Dr. L. A. L. Day, professor of ophthalmology in Hering Medical College, has returned from his summer vacation, which was spent in Ohio.

Prof. Billroth's widow has been granted a special pension of two thousand florins as a mark of the especial esteem of the Emperor of Austria for the late great surgeon.

Dr. R. C. Smallwood, Pulte, 1894, is located at Houston, Texas. Dr. Smallwood was a resident of Kerrville, and studied medicine with Dr. Joseph Jones, San Antonio.

Dr. E. F. Hoyt, New York, is out with a very neat little reprint of an article which recently appeared in the *North American Journal of Homeopathy* on Hemorrhoids.

Dr. U. S. Barr, Hering, class of '94, located at Mineral Point, Wisconsin, paid Chicago a visit early this month. The doctor is building up a good practice in his new home.

Berlin has a Homeopathic polyclinic directed by eight Homeopathic physicians who take turns in service. During the years 1892 and 1893 twenty-two thousand prescriptions were made.

Dr. W. F. Thatcher, Dallas, Texas, who has been summering in his boyhood haunts in the wilds of Michigan, spent a few days in Chicago on his way home the early part of this month.

Dr. T. G. Comstock, St. Louis, who has been summering at Mackinaw, passed through Chicago on his way home, attending the Pratt clinics for a day or two, the early part of this month.

Dr. C. E. Walton, Cincinnati's genial surgeon, spent a few days in Chicago recently. He attended Dr. Pratt's special clinics for a day or two. Dr. Walton is always a welcome visitor in this city.

Dr. Nottingham's presidential address before the Michigan Homeopathic Medical Society has been produced in pamphlet form. It is well worth reading and the Century returns thanks for its copy.

Dr. Oscar LeSeurre, president of the Michigan Homeopathic Medical Society, spent the first week of September in Chicago, attending the orificial clinics at the Chicago Homeopathic Medical College.

Dr. Ida V. Stambach, Santa Barbara, California, was an interested attendant upon Dr. Pratt's special class the first week of this month, and spent some time in the city in special surgical and gynecological study.

Mr. A. J. Tafel, Philadelphia, and his partner, Dr. Frank Boericke, New York, were in Chicago the early part of the month. They report Homeopathic interests in their respective fields as prosperous and promising.

New York State Homeopathic Medical Society will hold its next meeting at Middletown the last week of this month. There promises to be a large attendance and an unusually interesting and profitable meeting.

Pennsylvania's State meeting will be held at the Hahnemann Medical College Building, Philadelphia, on the 18th, 19th and 20th instants. There is promise of a most excellent meeting, according to present reports.

Dr. and Mrs. W. W. Stearns, Chicago, had the sad misfortune to lose their little baby girl, aged four months, at Mackinac Island, during their summer outing. The sympathies of the profession will be theirs in large degree.

Dr. H. C. Aldrich, editor of that always welcome little journal, the *Minneapolis Homeopathic Magazine*, spent a week or ten days in Chicago, early this month. While in the city he attended the Pratt course in orificial surgery.

Drs. Wilson Smith and Wesley A. Dunn have bought the *Medical Current*, Chicago, from Mr. W. A. Chatterton, and will hereafter issue it themselves and as co-editors and publishers. The city office of the *Current* is in the Marshall Field Building.

Dr. W. J. Hawkes, Chicago's well known materia medicist and clinician, has returned from his vacation, which was spent in Europe. Dr. Hawkes reports himself as greatly improved by the trip and as having had an unusually pleasant outing.

Dr. Oliver Wendell Holmes, the autocrat of the breakfast table, and of Allopathic physic, who sung a requiem to Homeopathy over forty years ago, celebrated his eighty-fifth birthday anniversary on the twenty-ninth of last month. His requiem failed to "take."

The new Michigan Home for the Feeble Minded and Epileptics has been located at Lapeer, Mich., and the buildings will be ready for occupancy by the first of December. In the near future this is to be the largest eleemosynary institution in Michigan.

Every physician in Chicago should attend the Typhoid Fever meeting of the Homeopathic Medical Society, at the Grand Pacific Hotel, Wednesday, October 3, 1894. These meetings are being made just as practicable as possible, and no one can attend them without benefit.

We are promised an elaborate and scientific article from the facile pen of Dr. M. J. Bliem, San Antonio, on the climatic treatment of phthisis pulmonalis, for the issue of November 1st. The advance pages exhibit much research and painstaking, and we do not doubt that this article will possess much real valne.

Dr. A. M. Tuttle, Phœnix, Arizona, attended the meeting of the American Association of Orificial Surgeons on the seventh inst. Dr. Tuttle is a successful exponent of Homeopathy in the far west, and is at present city physician at Phœnix. He reports several promising openings in his territory. Write him for particulars.

In Bucharest the hospital administration has reserved a few beds for the treatment of chronic diseases by Homeopathy. Recognizing the necessity of introducing our system into the hospital a physican has been appointed with a salary of six thousand francs. The dying out process evidently does not thrive in the Orient.

Dr. Amelia Burroughs, late president of the Nebraska Homeopathic Medical Society, visited her Chicago friends last week. She attended the Pratt course, the meeting of the Orificial Surgeons, and the meeting of the Homeopathic Medical Society of Chicago. Dr. Burroughs is an enthusiastic and earnest member of her profession.

Dr. N. W. Kneass, professor of gynecology in the Southern Homeopathic Medical College, Baltimore, has resigned from that institution. Other resignations are in prospect, according to rumor. There seems to be trouble among the profession in Baltimore, which is a matter of deep regret. In union there is strength, in harmony success.

The new hospital belonging to Chicago Homeopathic Medical College is now about completed and will be in use during the fall and winter term of that institution. "Chicago Homeopathic" is always up to the front in practical things, and her new hospital and laboratary will prove to be valuable additions to their equipment. Congratulations are in order and are extended.

The seventh semi-annual meeting of the Northern Indiana and Southern Michigan Homeopathic Medical Society will be held at Elkhart, Indiana, on the 27th instant, at the CENTURY Club Rooms. This is a stirring young association and its meetings are always attended with interest and profit. Dr. W. B. Kreider, Goshen, Indiana, is president and Dr. H. A. Mumaw, Elkhart, is secretary.

The National Homeopathic Medical College, Chicago, is out with its fourth annual catalogue, setting forth in rosy hue the advantages and claims of this college. The National has had a hard struggle for existence, but having been officially recognized by the Illinois State Board of Health last spring and being somewhat better manned than ever before it should have smoother sailing than in the past.

The Parisian municipal council has named three streets in that city after Charcot, Trelat and Trosseau. Waco, Texas, is the only city in the world that we know of that has a street named after Hahnemann. In Dr. S. W. Cohen's addition there is a "Hahnemann Street," so named in the original plot adding the district to the city, and to Dr. Cohen belongs the honor of thus remembering this great medical genius.

Dr. G. Frank Lydston will deliver a special course of lectures in regional surgery at the Masonic Hospital of Chicago, 369 Washington Boulevard, on Mondays at 8 P. M., beginning October 1st. The course will include the surgery of the prostate, bladder and kidneys; chronic ulceration of the female genitalia; appendicitis; surgery of the rectum, and urethral stricture. The lectures will be illustrated by special charts and drawings.

The next meeting of the Homeopathic Medical Society of Chicago, the most prosperous and enthusiastic city society Chicago has ever had, will be held at the Grand Pacific Hotel on the first Wednesday evening of October. Typhoid Fever will be the subject for the evening. Drs. Gilman, Foster and Curtis will present papers on this topic, and the whole membership will discuss it. A large attendance should be a foregone conclusion.

Dr. W. W. Stafford, resident physician at Hering Medical College, is an expert medical stenographer and to him are we indebted for the excellent report of the recent meeting of the Chicago society which appears in this issue. He will report these meetings for this journal regularly. Physicians having need of work in this line or who would like to have their papers or remarks at this or other meetings reported will find in Dr. Stafford just the man they have been looking for.

From Dr. C. R. Mayer, New Orleans, it is learned that Governor Foster, of Louisiana, appointed as members of the Homeopathic State Board of Medical Examiners for that state on the twenty-second of last month Drs. E. A. Murphy, J. G. Aitken, J. W. Belden, R. A. Bailey and C. R. Mayer. The board will meet and organize for duty within thirty days. The appointments are all good ones and since Louisiana is to have boards we congratulate the profession on the make-up of the Homeopathic wing thereof.

Dr. John C. Sanders and family, Cleveland, mourn the loss of their beloved wife and mother, Mrs. Albina G. Sanders, who died very suddenly last month. Mrs. Sanders had been a resident of Cleveland for above forty years. She was a most estimable lady, esteemed and beloved by all who knew her. In her death the bereaved family have suffered an irreparable loss. To Prof. Sanders and his son and daughter the tenderest sympathies of a large number of earnest friends in the profession will go out as to a true friend and brother.

According to our esteemed contemporary, the *North American Journal of Homeopathy*, the old school national association, at its recent San Francisco meeting, partook of a complimentary banquet tendered by the California Fig Syrup Company. This company is one of our valued advertisers, but it is just a little on the "off" order for a national medical association to accept its social hospitalities while flying a code of ethics at its mast head, since the Fig Syrup Company is manifestly a proprietary medicine concern. But then consistency always was a rare jewel.

Mumaw's Annual Directory of Homeopathic Physicians in Colorado, Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, Ohio, Pennsylvania, Tennessee and Wisconsin, has just been published, and will be found to be valuable to advertisers and physicians wishing lists of physicians in these states. Dr. Mumaw's compilation is very carefully made, and his lists are as accurate as are to be had. He makes a very useful publication of his Directory.

Dr. J. F. Beaumont, formerly of Minneapolis, Minnesota, who for the past fifteen years has been perhaps the leading eye and ear specialist of our school in the Northwest, is now located in Chicago, with offices in the new Champlaign Building, corner State and Madison streets. Dr Beaumont is to be Professor of Ophthalmology, Otology, etc., in the new Post Graduate school, and in his removal to Chicago the ophthalmological force of this city has received a valuable addition.

Dr. C. C. J. Wachendorf, Stockton, Cal., pronounces the Medical Century the best medical journal in America, and supports his decision by doing all he can to enlarge its subscription list. Several new subscribers have been received through this channel within the last few months. This is the sort of loyalty we like. Given, a number of zealous friends who will take sufficient interest in any journal to induce their colleagues to become subscribers, and success beyond measure is certainly the result.

The Hooper will in which $100,000 was left by the late Wm. Hooper, Cincinnati, for the erection of a Homeopathic hospital in that city, is accepted by the heirs as indicative of Mr. Hooper's wishes and will not be contested. Hence this munificent bequest will stand and our Cincinnati friends will soon realize their fondest hopes and have a hospital as good as the best. This will be a great boon to the poor of that city, a great blessing to Homeopathy in Cincinnati and a most substantial help to Pulte Medical College.

Dr. W. R. King of Washington spent the month of August at Atlantic City where he is reported to have given some very "select Germans." At least they were called select, but some of his colleagues suggest that it is a little peculiar that they should occur synchronously with his receipt of his railroad rebate consisting of about seventy-five cents in postage stamps. This news item may have the effluvium of Sweitzer-kase and Pumpernekle, Frankfortwursts and Lager, but since Dr. King desires to have these German friends dubbed select of course they were.

Quite a number of complaints having reached this office because of the objectionable character of an advertisement which has been running alternate issues on our title page we set about correcting the evil and have been met with most courteous treatment upon the part of Messrs E. M. Johnson & Co., New York, whose space it is. They have very readily yielded to our request to change the nature of the advertisement and it will appear no longer. When once space is contracted for the publisher is at the mercy of his patron and in this instance our patron has acted most considerately in the premises, and therefore it will be no longer amiss to place this journal on the office or library table. For the courtesy of Messrs. Johnson & Co. our thanks are thus publicly expressed.

Dr. Susan M. Hicks, Atlanta, Ga., writes the Century that Barnesville that state, a prosperous little city of 6,000 people, is an excellent location for an enterprising woman physician. She has the names of about 40 families who would give their patronage to a competent woman Homeopath. There are two other towns in close proximity that would also increase the patronage and Dr. Hicks feels quite sure that this is an unusually excellent opportunity for some enterprising physician of her sex to promptly establish herself in a good paying practice.

In Buda-Pesth, the capital of Hungary, a Homeopathic department exists in the largest hospital of the city, three hundred beds being reserved for those who wish to be treated according to the method of Hahnemann. Clinical lectures are given by Prof. Bakody. For several years the number of students attending these clinics has diminished considerably for the reason that such attendance in the eyes of certain intolerant professors of the university is of bad omen, and of which they make a note when examination day comes. Besides this Buda-Pesth has two private Homeopathic hospitals, Bethesda and Elisabethinum, each containing sixty beds.

The whispering comes from Baltimore that as an outcome of the dissensions in that city a new Homeopathic medical college is likely. This is to be deplored. Colleges should be built on something more enduring than factional misunderstandings and quarrels. There is need of the exhibition of just a little more of quakerly brotherly love in the Monumental City than is being manifested by some of our quaker friends. Harmony and good fellowship are most excellent qualities in professional matters, and since Homeopathy in Baltimore is none too strong, at best, it would seem to those outside that a better feeling should be made to exist in that city than is known to prevail.

Hering Medical College and Hospital is out with its third annual announcement, one of the neatest and most attractive yet received at this office. No material changes are noticed in the make-up of the faculty, but in hospital and college building, as in many other respects, this new candidate for favor boasts of large improvement. The advantages of the institution are clearly set forth in its announcement, and if Hering but keeps faith with its promises to the degree of fifty per cent, even, it has a place and mission among our teaching institutions. Especially in Materia Medica and the theories and practices of straight Homeopathy does Hering College justly claim unusual strength.

New York is at work on an amendment or clause in her new constitution proposing the protection of all schools of medicine by constitutional provision, similar to the protection offered by the Texas constitution. In Texas our rights were saved us more than once by virtue of this constitutional provision, which provides that while laws may be made providing for the punishment of malpractice and prescribing the qualifications of practitioners, no preference shall ever be given by law to any school of medicine. Homeopathy was fortunate in having a member of the constitutional convention in Dr. J. A. Barnett, now of Big Springs, and it was through his watchfulness that this clause was inserted. Surely New York can do as well as Texas, and now that its constitution is being altered Homeopathy should see to it that its rights are forever protected by constitutional provision.

The New York *Medical Record*, old school, but a generally fair and considerate journal, gave a very acceptable review of Prof. J. C. Wood's new work on Gynecology in a recent number. Here's more food for thought for those Homeopaths who fail to see the propriety of Homeopathy meeting the old school half way in fraternal affairs. No one more than ourself believes in fighting when fought, in holding out for the very essence of Homeopathy, but no one more quickly than ourself will meet the old school journals and people half way toward fraternal relations. Never willing to lie down on the inside we are quite willing to be the little child to lead them. The *Record* can teach some of our people the alphabet of toleration.

The typhoid fever number of this journal, to bear date of October 1st, promises to be one of the best ever issued from this office. We have in hand at the present writing a paper from the pen of Dr. H. R. Arndt on the etiology and pathology of this disease, and papers from the pens of Drs. Conrad Wesselhœft, F. H. Orme, J. S. Mitchell, E. D. Ayres, and others, on the general management and medical treatment of it. Dr. D. H. Beckwith, Cleveland, has promised a paper on the hygienic management of typhoid, and several more of our best men have been asked to furnish papers on its management, feeding and treatment, also. Look out for a special treat for October 1st. You surely will not be disappointed from present appearances.

The Louisiana State Board of Homeopathic Examiners has organized and is ready for business. Dr. E. A. Murphy has been chosen president of the board and Dr. C. R. Mayer, secretary. Dr. J. W. Belden is the member for two years, Dr. R. A. Bayley for three years, Dr. C. R. Mayer for four years, Dr. E. A. Murphy for five years, and Dr. J. G. Aitken for six years. The time of service was determined by lot. Dr. C. J. Lopez failed to qualify as a member and Dr. J. G. Aitken was appointed in his stead. And just here come one of the ridiculous features of this sort of business. A physician just out of college, with but a year or two of experience, has been made an examiner for the term of six years, and it is his duty to pass upon the qualifications of practitioners of perhaps a generation of practice. Could anything be more preposterous than this, even should the appointee be an unusually bright physician. There are things to be learned in practice, as well as at college, and that class of law simply places a premium upon the new doctor and a black ball upon the qualified practicing physician.

The November 1st number of the MEDICAL CENTURY will be made a Climatological number. Several excellent papers are promised and others will be asked for. The climates of California, Colorado, Texas, Arizona, New Mexico, South Carolina, North Carolina, Florida, and other winter health resorts will be treated of extensively, so that physicians will be enabled to determine by comparison just where they may want to send phthisical and other constitutional patients for the winter. The CENTURY intends to be more practical in the future than in the past, if it be possible. Our derrick is in good working order and it shall drag out some good thoughts for our readers this fall and winter.

J. B. Lippincott & Co., Philadelphia, have just issued a very handsome volume of nearly two hundred pages, on Appendicitis, from the pen of Dr. George R. Fowler, New York. The volume is handsomely illustrated with colored plates and half tones, and in the text the author has covered the whole appendical field in a most satisfactory manner. No type of appendicitis has been omitted from consideration, and the chapters on anatomical considerations and etiology are especially clear and readable. The chapter on operative treatment is also well handled, and the chapter on after-treatment is one of especial usefulness. This monograph is a most acceptable one in these days of epidemic appendicitis, and will doubtless meet with a large and deserved sale. We commend it most cheerfully to our surgical readers.

The American Journal of Obstetrics, Wm. Wood & Co., publishers, New York, recently contained a most excellent article from the pen of our Dr. O. S. Runnels, Indianapolis, formerly president of the American Institute of Homeopathy, titled Surgical Intervention in Tubercular Peritonitis, a credit alike to Homeopathy and to Dr. Runnels. The time was when it would have been considered the worst form of heresy for an old school medical journal to admit a contribution from a Homeopath; and yet there are "reliable and level headed leaders" in our school who oppose the tender of fraternal greetings to the old school in conventions assembled. Times are changing, and we should change with them, just as our old school colleagues are doing in numerous instances. The man with a chip on his medical shoulder lives in generations gone by.

Dr. H. R. Stout, Jacksonville, Florida, compliments the special cholera infantum number of this journal and says he was especially pleased with the reports from the south. He says they agree with his experience fully; that during nineteen years of practice in Florida he has seen but one or two genuine cases of cholera infantum and that children's diseases furnish the minimum amount of work he has to do. This testimony would go to affirm the proposition that heat when offset by an out of door life is not so apt to produce intestinal disorders of children as in northern climates where there is more of an indoor life and more humidity. It also is against the theory that milk infection produces summer complaint in a large per cent of cases, since the heat of the south most surely spoils milk and other foods and yet the disease does not prevail there to the extent that it does in climates where deterioration of prepared foods and cows' milk is less likely to be the rule. Our bacteriological friends will have to hunt for proof for their theories if not careful. The testimony is not with them in marked degree.

The *North American Journal* for September proclaims against the decision of the American Institute against Dr. Custis' resolution, requiring that applicants for membership in the Institute must have good professional standing at home as evidenced by membership in local or state societies where these exist as unfortunate. So say we all of us. If a man is in bad odor at home he has no business having the prestige of membership in the national association. If he is a sluggard at home and won't take hold of the plow he has no right to recognition in the parent body. If he is a crank and cannot get along well enough with his fellows in local associations to belong to them he will likely make mischief in the Institute sooner or later. 'Tis a pity but 'tis true that we have a few members in the Institute who are actually in bad odor, and properly so, at home, and it was noticed that some of these were very actively opposed to the Custis resolution. And, strange to say, some of "the level headed leaders" were with them in the opposition. Friendship and the association of side organ-

izations go a great way with some of the Institute's membership, unfortunately. Another time the Custis resolution should be adopted without opposition. It is really a meritorious measure and has but little if anything in it to be condemned.

Chicago's city health department has issued the following circular of direction in connection with its newly established department of bacteriology: "The wooden cases containing culture tubes and throat swabs may be obtained at any time by a physician or upon his order from the department clerk, room 4, city hall. The blank form is to be filled out down to the double lines, and always returned with the case. When making an inoculation the throat should be first well gargled with plain water to remove mucous and antiseptics. Remove the sterile swab from its tube and, without contact with other objects, rub it firmly against the suspicious area in the throat. Remove the cotton plug from the other tube, and rub the swab over the surface of the culture medium. Replace the swab in its own tube, and replace the cotton plugs. Send the outfit to the department at once. Cultures from diphtheria cases should be made as early as possible, as the baccillus sometimes disappears from the throat before the membrane. In all cases when the outfit is not used it is to be returned to the department."

The officers of the Southern Homeopathic Medical Association for the current year are as follows: president, Eldridge C. Price, M. D., Baltimore; first vice-president, A. M. Duffield, M. D., Huntsville, Alabama; second vice-president, Lizzie Gray Gutherz, M. D., St. Louis; secretary, C. R. Mayer, M. D., New Orleans; corresponding secretary, E. S. Bailey, M.D., Chicago; treasurer, Theodore Engelbach, M.D., New Orleans. The bureaux chairmen are as follows:

Materia Medica, A. Leight Monroe, M. D., Louisville, Ky.; Clinical Medicine, Wells LeFevre, M. D., Hot Springs, Ark.; Surgery, T. L. Macconald, M. D., Washington, D. C.; Orificial Surgery, F. P. Green, M. D., Memphis, Tenn.; Obstetrics, T. E. Enloe, M. D., Nashville, Tenn.; Gynecology, Sarah J. Millsop, M. D., Bowling Green, Ky.; Pedology, O. E. Janney, M. D., Baltimore, Md.; Ophthalmology, H. F. Fisher, M. D., Nashville, Tenn.; Sanitary Science, P. S. Boyd, M. D., Sheffield, Ala.; Reg. Stat. and History, C. E. Fisher, M. D., Chicago, Ill.; Nervous Diseases and Insanity, Ida J. Brooks, M. D., Little Rock, Ark; F. H. Orme, M. D., Atlanta, Ga., Necrologist. The next meeting will be held at Chattanooga, Tenn., November 14 and 15, 1894.

The opening exercises of the thirty-fifth annual session of Hahnemann Medical College, Chicago, took place with appropriate programme on the evening of Tuesday, September 11. There was a very large and fashionable audience in attendance. Dr. H. V. Halbert acted as master of ceremonies and acquitted himself with credit. The formal opening address was delivered by Prof. E. M. Bruce. Remarks were made also by Profs. Ludlam, Fellows and Cobb, and by Drs. T. Griswold Comstock, St. Louis, and O. W. Carlson, Milwaukee. There were a large number of visiting physicians, mostly alumni of the college, present at the exercises. The new hospital was thrown open for inspection, though not quite ready for its formal opening. It is sixty by one hundred and twenty feet deep, and is seven stories high besides the basement. It cost about $85,000 for the building, and the furnishings and equipment cost nearly $20,000 more. When fully ready for the reception of patients, as it will be within the next two weeks, Hahnemann College will be possessed of one of the best hospitals connected with the medical colleges of our school. There are forty-eight private rooms, and about two hundred free beds in the building, thus affording the students ample hospital facilities. The trustees, faculty, alumni, friends and students of Hahnemann are to be congratulated upon the realization of their fond hopes in hospital direction.

The First Baptist Church in Newport has been engaged by the local committee of arrangements for the use of the American Institute of Homeopathy in June next. This is a plain, white, wooden structure, of the type so frequently found in the rural districts of New England, having been erected nearly half a century ago. The church itself was constituted in 1638. Its sittings, however, are comfortable and probably ample, for one thousand persons can be accommodated in its audience room. This will be reserved for the use of the section in ophthalmology, otology, and laryngology for two full meetings. The large vestry is supplied with comfortable chairs seating three hundred and fifty people, at least—an attendance which few if any sections ever exceed. The small vestry which has a separate entrance from the churchyard, as well as from the large vestry, can conveniently care for a hundred and fifty visitors (this is for sections holding sessions on the sly), while a committee room large enough to receive the senate of seniors or the intercollegiate committee will afford ample accommodations for the treasurer and registrar. The two most honorable bodies above referred to will probably be assigned special parlors at the Ocean House. Minor committees will be cared for there, also. It will be noted that while there is sufficient space in this meeting-house to fulfil the demands of the Institute in its entirety, as well as in its integral parts, there is no room within its walls for anything tending in the least to distract the members from the object for which they are assembled—the transaction of business pertaining to the Institute and to the promotion of medical science. Social features will be provided for at the Ocean House, All of which comes to the CENTURY in the familiar chirography of good Dr. George B. Peck. Who ever suspected him of being a humorist?

Dr. T. L. Macdonald, Washington, presumes we will not object to publishing a note in order to correct an error that we were led into making in our issue of August 1st. In an item therein it is stated that there is a legal difficulty in Baltimore, concerning $1,000 appropriated by the city for the support of the Maryland Homeopathic Free Dispensary and Hospital. What was termed "legal difficulty" consisted of a letter from a Homeopathic physician protesting against the payment of the appropriation. The payment was delayed until the letter was sent to the city solicitor. He referred the matter, for decision, to Prof. Remsen, an old school physician, who promptly decided that the slight change in the name (which was previously incorrect) and locality of the institution was no reason why the appropriation should not be paid, and it was paid.

Dr. Macdonald agrees with us that it is deplorable that such things should have such public airing, but thinks it rather refreshing to see a "regular" physician treating Homeopathic institutions better than some of the members of our own school.

As a member of the faculty of the institution of which the said hospital is a part, he feels sufficiently interested to give the facts as he understands them, and of course the CENTURY makes this notation with pleasure.